

REPORT OF SUSPECTED CHILD ABUSE / NEGLECT

Havre Public Schools

Respond to each item as completely as you can. This report must be completed immediately after a suspected case of child abuse or neglect has come to your attention.

Give the completed report to your building principal or to your immediate supervisor.

Date of Call Time ☐ Suspected Child Abuse
☐ Suspected Child Neglect

Name of Reporter Position & School

Name of Child Age & Grade

Name of Parent / Guardian:

Address of Parent / Guardian

If Guardian, what relationship (if any)

Describe the nature and extent of suspected abuse or neglect as reported to Centralized Intake.
Provide any other information available to you which may be of assistance in
establishing abuse or neglect.

PRINCIPAL / SUPERVISOR Signature

DATE

SEND COMPLETED, SIGNED FORM to the Director of Special Services for secure filing.

DO NOT COPY THE COMPLETED FORM!!!