SUSPECTED ABUSE/NEGLECT REPORT FORM

Any employee of **RSU63** who suspects that a child or incapacitated or dependent adult has been or is likely to be abused or neglected (the "notifying employee") must immediately notify the building administrator using this form. The purpose of this form is to document your reporting to the school unit and to confirm that a report has been made to the appropriate office within the Department of Health and Human Services (DHHS).

DHHS must be notified within twenty-four (24) hours of when you acquire knowledge of potential abuse or neglect. Notification may be made by you (in consultation with a designated agent and/or independently); or if you are unavailable, by a designated agent.
This form is for school use only. It is not to be sent to DHHS unless requested.

1) Name/title/telephone number and email address of notifying employee (employee who originally learned of the information and is required to report it):

   _____

   _____

2) Date and time notifying employee learned of the information they are required to report:

   _____

3) Name/title of building administrator/designated agent notifying employee first reported to:

   _____

4) Name/title of employees who made the report to DHHS:

   _____

   _____

5) Date and time of DHHS report:

   _____

6) Did notifying employee also contact DHHS independently: _____ Yes _____ No

7) Name of student who is subject of report: _____

   Birthdate: _____ Sex: _____ Grade: _____

   Known history of abuse/neglect? _____

   Parent/Guardian Name(s): _____

   Address: _____

   Home and work telephone numbers: _____

   Name(s) of sibling(s): _____

8) Statements or indicators leading to the suspicion of abuse/neglect (include all known information, including date, time and location, name of alleged abuser, and relationship to student): _____

   _____

_____

_____

_____

_____

_____

_____

9) List any photographs taken or other materials collected related to the report: _____

_____

_____

10) Actions taken by school personnel (list date, time and personnel involved):

_____

_____

_____

_____

_____

_____

EMPLOYEE'S ACKNOWLEDGEMENT OF REPORT

(To be returned to building administrator or designated agent)

My report was made to DHHS within twenty-four (24) hours of my acquiring knowledge of potential child abuse or neglect.

_____ _____

Notifying Employee's Signature Date and Time

(Employee's Signature)