



CONFIDENTIAL
CHILD ABUSE OR NEGLECT REPORTING FORM
 Place in School Principal's Child Abuse or Neglect File

REPORTING PARTY

Name _____ Title _____ Date of Report _____
 Address _____ Telephone _____

 Signature of Reporting Party

REPORT SENT TO

Police Department Division of Child and Family Services Date _____ Time _____
 Agency Name _____ Official Contacted _____
 Agency Address _____ Telephone _____

PARTIES INVOLVED

Victim

Name _____ Birth Date _____ Male Female
 Address _____ Telephone _____
 Primary Language _____ Race _____

Siblings (include name, birth date, gender, and race, if available)

1. _____	4. _____
2. _____	5. _____
3. _____	6. _____

Parents/Legal Guardians

Name _____ Address _____
 Telephone _____ Primary Language _____ Race _____

INCIDENT INFORMATION

Check box if extra sheets or other information is attached

Date/Time of Incident _____ Place of Incident _____

Type of Abuse Suspected (Check all that are relevant)

Physical Sexual Emotional Physical Neglect Educational Neglect

Overview of reported abuse or neglect:

Summarize what the abused or neglected child or person accompanying the child said happened:

Explain known history of similar incident(s) for this child: