Jordan School District

REPORT OF CHILD ABUSE-NEGLECT

Reporting School:_____

Child's Full Legal Name:_____ Age:_____ Gender:_____

Child's Address, City, State & Zip:_____ Phone:_____

Father/Legal Guardian:_____ Mother/Legal Guardian:_____

Additional Caretaker(s) (if applicable):_____

Circumstances leading to the suspicion that the child is a victim of abuse or neglect (concise):

Additional information: (siblings, contact person(s), alleged perpetrator, age of alleged perpetrator, where abuse occurred, witnesses, etc.)

Oral report made to the principal or principal's designee: Date:_____ Time:_____

Written report made to principal or principal's designee: Date:_____ Time:_____

Signature:_____ Signature:_____
Initiator of the Report Observer of the Report

Completed by:_____ Title:_____

Report Submitted to:	**Oral Report** (required)	**Written Report (**required)
Local City Policy	☐	☐
County Sheriff	☐	☐
Division of Family Services	☐	☐

Signature_____ **Date**_____ **Time**_____
Principal or Designee

(DCFS Intake, 10008 S. Creek Run Way, Sandy, UT 84070 Phone: 1-855-323-3237)

Distribution of copies: Agency Receiving Oral Report, Planning & Student Services, Principal's file (not student's Cumulative file)