

DCFS Case # \_\_\_\_\_

Jordan School District

Student ID/ Grade \_\_\_\_\_

### REPORT OF CHILD ABUSE-NEGLECT

Reporting School \_\_\_\_\_

Child's Name \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_  
Last Name (Legal) First Middle

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Father \_\_\_\_\_ Mother \_\_\_\_\_

Guardian or Caretaker \_\_\_\_\_

**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; witness; etc.)**

Oral report made to the Principal or his/her designee. Date \_\_\_\_\_ Time \_\_\_\_\_

Written report made to Principal or his/her designee. Date \_\_\_\_\_ Time \_\_\_\_\_

Signature \_\_\_\_\_  
Initiator of the Report

Signature \_\_\_\_\_  
Observer of the Interview

Completed by: \_\_\_\_\_ Title: \_\_\_\_\_

**BOTH REQUIRED:**

**Oral Report**

**Written Report**

Local City Police .....  .....

County Sheriff .....  .....

Division of Family Services .....  .....

**DCFS Intake, 10008 S. Creek Run Way, Sandy, UT 84070  
1-855-323-3237**

Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_  
Principal

**Distribution of copies: White-Agency receiving oral report • Canary-Planning & Student Services • Pink-Principal's file (not student's personal file)**