

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: _____
Initiator of the Report

Signature: _____
Observer of the Report

Completed by: _____

Title: _____

Report Submitted to:

- Local City Policy
- County Sheriff
- Division of Family Services

Oral Report (required)

Written Report (required)

Signature _____
Principal or Designee

Date _____

Time _____