

REPORT OF SUSPECTED CHILD ABUSE OR NEGLECT

CHILD'S NAME: _____
LAST FIRST MIDDLE

BIRTH DATE: _____ AGE: _____ MALE FEMALE

ADDRESS: _____
STREET CITY/STATE ZIP

PARENT/GUARDIAN NAME: _____
RELATIONSHIP

ADDRESS: _____
STREET CITY/STATE ZIP

HOME PHONE: _____ WORK: _____ CELL: _____

NAME OF SIBLING(S)	AGE

NAME OF SIBLING(S)	AGE

INDICATE TYPE OF ABUSE BEING REPORTED:

- PHYSICAL INJURY
- SEXUAL ABUSE
- SEXUAL EXPLOITATION
- NEGLECT
- MALTREATMENT
- OTHER (SPECIFY)

STATE NATURE AND EXTENT OF ALLEGED ABUSE INDICATED ABOVE:

DESCRIBE ANY EVIDENCE OF PREVIOUS INJURIES, INCLUDING THEIR NATURE AND EXTENT:

PROVIDE ANY OTHER INFORMATION THAT MAY BE HELPFUL IN ESTABLISHING THE CAUSE OF THE CHILD'S INJURY OR INJURIES AND THE IDENTITY OF THE ALLEGED PERPETRATOR:

ORAL REPORT TO: CPS NAME OF CONTACT: _____

LAW ENFORCEMENT: _____
(AGENCY / OFFICER NAME / BADGE NUMBER)

DATE OF ORAL REPORT: _____ SUBMITTED BY: _____

PRINCIPAL NOTIFIED OF REPORT YES NO SCHOOL: _____ TITLE: _____