

**SUSPECTED CHILD ABUSE/NEGLECT REPORT FORM**

- 1) Name/title/telephone number of person making first report: \_\_\_\_\_  
\_\_\_\_\_
- 2) Date and time of first report: \_\_\_\_\_
- 3) Name/title of school department official first report made to: \_\_\_\_\_  
\_\_\_\_\_
- 4) Did the person making first report contact DHS independently: \_\_\_\_ Yes \_\_\_\_ No
- 5) Date/time/person making report to Superintendent: \_\_\_\_\_
- 6) Name of student who is subject of report: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Sex: \_\_\_\_\_ Grade: \_\_\_\_\_  
Known history of abuse/neglect? \_\_\_\_\_  
Parent/Guardian Name(s): \_\_\_\_\_  
Address: \_\_\_\_\_  
Home and work telephone numbers: \_\_\_\_\_  
Name(s) of sibling(s): \_\_\_\_\_
- 7) Statements or indicators leading to the suspicion of abuse/neglect (include all known information, including date, time and location, name of alleged abuser, and relationship to student): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 8) List any photographs taken or other materials collected related to the report: \_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9) Actions taken by school officials (list date, time and personnel involved):

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

10) Reports to authorities:

Agency contacted by telephone: \_\_\_\_\_

Name and title of agency contact: \_\_\_\_\_

Date and time of telephone report: \_\_\_\_\_

Copy of report form sent (include date and addressee): \_\_\_\_\_

\_\_\_\_\_

Signature and title of person completing form:

\_\_\_\_\_

Date: \_\_\_\_\_

Adopted: February 10, 2016

Revised: \_\_\_\_\_