

SUSPECTED CHILD ABUSE REPORT FORM

CHILD'S NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____ SCHOOL Site: _____

PARENT(S) LEGAL GUARDIAN: _____

ADDRESS: _____

A copy of this suspected child abuse or neglect report is to be filed with the Department of Human Services, the supervising administrator and the Superintendent of Schools.

Describe the nature and extent of the suspected child abuse or neglect: _____

Describe any evidence of previous suspected child abuse or neglect: _____

Names of persons present during the interview with the child: _____

Name of investigating social worker with the Department of Human Services (if known): _____

Signature of Person Filing Report: _____

Signature of Supervising Administrator: _____

Date of report: _____ Time report was made: _____ am/pm

Name of agency/representative report was made to: _____