

Report of Suspected Child Abuse, Abandonment or Neglect

Original to: Local Law Enforcement \_\_\_\_
Department of Health and Welfare \_\_\_\_

Copy to: Superintendent \_\_\_\_
Building Principal \_\_\_\_

From: \_\_\_\_\_ Title: \_\_\_\_\_

School: \_\_\_\_\_ Phone: \_\_\_\_\_

Persons contacted: [ ] Principal [ ] Teacher [ ] School Nurse [ ] Other \_\_\_\_\_

Name of Minor: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Report: \_\_\_\_\_ Attendance Pattern: \_\_\_\_\_

Father: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Guardian or Step-Parent: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Any suspicion of injury/neglect to other family members: \_\_\_\_\_

Nature and extent of the child's injuries, including any evidence of previous injuries, and any other information which may be helpful in showing abuse or neglect, including all acts which lead you to believe the child has been abused, abandoned and/or neglected: \_\_\_\_\_

Previous action taken, if any: \_\_\_\_\_

Follow-up by Local Law Enforcement / Department of Health and Welfare (copy to be completed and returned to the Superintendent/Building Principal):

Date Received: \_\_\_\_\_ Date of Investigation: \_\_\_\_\_