

**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: \_\_\_\_\_