

*Internal Form

CHILD ABUSE/NEGLECT REPORT

Date Report Completed: _____ School: _____

CHILD _____
Last Name First Name MI Birthdate Sex Student #

ADDRESS: _____ (____) _____ - _____
Number Street City Zip Telephone Number

Name of Parent, Custodian or Guardian _____

(____) _____ - _____ (____) _____ - _____
Work Phone Number Home Phone Number

Check type of Suspected Abuse being reported:

- Physical Injury Sexual Abuse
- Physical Neglect Other (Specify) _____

State nature, extent and date of abuse:

State any evidence of previous injuries:

State any comments made by child:

Oral Report Made to: _____ Agency Reported to: _____

Date ____/____/____ Agency Phone #: (____) ____ - _____

Signatures of: _____
Reporting Staff Member Building Administrator

Copies to:
Principal's Confidential File
Executive Director of Elementary Education or Executive Director Secondary Education

**STATE LAW MANDATES AN ORAL REPORT BE COMPLETED
WITHIN 48 HOURS OF NOTIFICATION.**