

APPENDIX F

Sample Report of Suspected Child Abuse and Neglect

Call: Local Social Services Agency or Law Enforcement Agency (Phone Numbers)

Date of Call(s): _____ Name of Person(s) Talked To: _____

Notified: Designee (Principal or School Social Worker)

Date of Notification: _____ Date of this Report: _____

School: (School Name, Address, City, State, ZIP, Telephone Number)

Child's Last Name (legal)	First Name	M. Init.	M/F	Age	Birth date
Address	City	State	Zip Code	Telephone	

Name of Person(s) Responsible for Child's Care: (Parents/Stepparents/Guardians/Custodial Parents)

Address	City	State	Zip Code	Telephone
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With Whom Does the Child Live: _____ Relationship: _____

Address	City	State	Zip Code	Telephone
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Person(s) Suspected of Abuse or Neglect: _____ Relationship: _____

Address	City	State	Zip Code	Telephone
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Check () appropriate space indicating type of suspected abuse being reported:

() Physical Injury () Sexual Abuse () Emotional Neglect/Abuse

() Physical Neglect () Other (specify): _____

State the nature and extent of the current injury, neglect, or sexual abuse to the child in question and circumstance leading to the suspicion that the child is a victim of abuse or neglect:

Information concerning previous injury, sexual abuse or neglect experienced by this child or other children in this family situation, including previous action taken, if any:

State other information that may be helpful in establishing the cause of the child's status:

Signature and Title of Person Making Report

Date

Distribution: Local Social Services or Law Enforcement Agency/*Designee/ Other*