

Suspected Child Abuse/Neglect Report Form

Today's Date: _____

Circle Day of Week: **M** **Tu** **W** **Th** **F**

CHILD INFORMATION						
Last Name		First Name		Middle Name		AKA
Social Security No.	Ethnicity	Date of Birth	Age	Grade	Height	Weight
Home Address		City		Zip	Home Phone	

COMPOSITION OF FAMILY (WHO LIVE IN HOUSEHOLD)						
Last Name	First Name	Gender	Relation to Student	Work Phone	Cell Phone / Pager No.	✓ If Alleged Perpetrator

ALLEGED PERPETRATOR(S) AND/OR WITNESS(ES) (IF NOT LISTED ABOVE)					
Last Name	First Name	Gender	Relation to Student	Address/Phone No.	✓ If Alleged Perpetrator

Nature of suspected abuse or neglect: (Check all that apply)

- Physical Abuse Sexual Abuse Neglect Other

How and when did school/agency become aware of the situation (include name of personnel who first learned of abuse).

What were the child's responses to the following four questions (use exact quotes and verbatim language).

1. What happened? _____

2. Who did it? _____
3. When did it happen? _____
4. Where did it happen? _____

Additional information volunteered by the child (use exact quotes and verbatim language whenever possible). **Note:** Please attach additional pages whenever needed.

Observation of the child's injury(ies) (if any): _____
