



Confidential

Child Abuse or Neglect Reporting Form

Place in School Principal's Child Abuse or Neglect File

3412 F1

REPORTING PARTY

Name _____ Title _____ Date of Report _____
Address _____ Telephone _____

Signature of Reporting Party

REPORT SENT TO

Police Department Division of Child and Family Services Date _____ Time _____

Agency Name _____ Official Contacted _____
Agency Address _____ Telephone _____
Case number _____

PARTIES INVOLVED

Victim

Name _____ Birth Date _____ Male Female
Address _____ Telephone _____
Primary Language _____ Race _____

Sibling(s) (include name, birth date, gender, and race, if available)

1. _____ 4. _____
2. _____ 5. _____
3. _____ 6. _____

Parent(s)/Legal Guardian(s)

Name _____ Address _____
Telephone _____ Primary Language _____ Race _____

INCIDENT INFORMATION

Check box if extra sheets or other information is attached

Date/Time of Incident _____ Place of Incident _____

Type of Abuse Suspected (Check all that are relevant)

Physical Sexual Emotional Physical Neglect Educational Neglect

Overview of reported abuse or neglect:

Summarize what the abused or neglected child or person accompanying the child said happened:

Explain known history of similar incidents for this child: