

REPORT OF SUSPECTED CHILD ABUSE

This form may be used as the written report which the law requires all mandated reporters to file with the Department of Human Services following an oral report of suspected child abuse. If your agency has a report form or letter format which includes all of the information requested on this form, you may use the agency format in place of this form.

Fill in as much information under each category as is known. Submit the completed form to the local office of the Department of Human Services within 48 hours of oral report.

FAMILY INFORMATION

Name of child		Age	Date of birth
Address		City	State
Phone	School		Grade level
Name of parent or guardian			Phone <i>(if different from child's)</i>
Address <i>(if different from child's)</i>			

OTHER CHILDREN IN THE HOME

NAME	BIRTH DATE	CONDITION

INFORMATION ABOUT SUSPECTED ABUSE

In this section, indicate the date of suspected abuse; the nature, extent and cause of the suspected abuse; the persons thought to be responsible for the suspected abuse; evidence of previous abuse; and other pertinent information needed to conduct the assessment. Use the back of this form if necessary to complete the information requested above and to identify individuals who have been informed of the child abuse report, such as building administrator, supervisor, etc.

REPORTER INFORMATION

Name and title or position	
Office address	
Phone	Relationship to child
Names of other mandatory reporters who have knowledge of the abuse	
Signature of reporter	Date