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CHILD ABUSE or NEGLECT REPORT FORM

To be promptly completed by a person who knows or, in good faith, suspects child abuse or neglect and, upon completion, provided to the police department of your respective campus.

(Please print all information.)

Date of Report: _____

Report Submitted To: _____

Report Submitted By: _____

Reporter's Home Telephone: _____

Reporter's Cellphone: _____

Reporter's E-mail Address: _____

Reporter's Address: _____

Name of Child Involved: _____

Child's Current Location (if known): _____

Contact Information of Child or Child's Parent/Guardian (if known):

Name of Accused: _____

Relationship of Accused to the Child: _____

Date/Time/Location of incident or observation:

Statement of what occurred or what was observed:

Provide a detailed description of every explicit detail you can remember and use direct quotations wherever possible.

Please identify and provide contact information (if known) of all individuals who also know of or suspect the child abuse 99.51 395.64 Tm (know)Tj 0.93.s

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