

REPORT OF SUSPECTED CHILD ABUSE FORM C O N F I D E N T I A L

School Name:					
(PLEASE PRINT AND PROVIDE DETAILS)					
1.	Person Making the Verbal Report				
Nam	e:				
Relationship to Student:					
Telep	elephone Number: (home) (work)				
Scho	ool and Address:				
2.	Record of the Verbal Report				
Date	and time of verbal report:				
Nam	e of person to whom you reported:				
Posit	tion:				
Phone Number: Facsimile:					
Office	e Address:				
3.	Student Information				
	e:				
	•				
ПОП	e address where student currently lives				
Male	: Female:	Grade:			
Class	sroom or homeroom teacher:				
Nam	e and address of person(s) who has legal cu	stody of the student at the time of this report:			
Phon	ne Number:				
Special Needs, if any, including any barriers to communication:					
Siblin	ng names, ages and schools, if known:				

Attach all of the student's writing, drawing or artwork that supports this report. Sign and date them.

4.	Information from the student's disclosure or your reasons to believe the student has been or is likely to be abused (conversations, events, observations or circumstances):		
		tes or documents that support thi	s
5.	Document any information th	e Child Protection Social Worke	er shared with you.
6. Y	our signature:	Date:	Time:
* *	in a secure and confidential pla Mail a copy of the report includ & Families Services if asked.	report for yourself (including suppose. (Sealed envelope, signed on sing supporting notes and docume the current school year, hand de	porting notes and documents) seal.) nts to the Director of Children

NOTE: Record only facts and observations.