Suspected Child Abuse Report

Name of Student: Birthdate:

Date of Incident: Date of this Report:

Personnel Involved in Filing Report:

Student’s Address:

Student’s Phone #:

Student’s Parents’ Names:

Student’s Siblings and Schools:

Name of Suspected Abuser:

Relationship of Suspected Abuser to Child:

|  |
| --- |
| **DCS Worker Safety Questions** |
| Any substance abuse | Y or N | Weapons in home | Y or N |
| Mental health concerns | Y or N | Dangerous animals | Y or N |
| Domestic Violence | Y or N |  |  |

**Reporting Procedure Protocol: Check Off:**

|  |  |
| --- | --- |
| Informed Administrator |   |
| Superintendent Notified |  |
| Parent Notified (Optional) |  |
| Notified Nurse (Optional) |  |
| Contacted DCS

|  |  |
| --- | --- |
| Report Recommended for Assessment |   |
|  Intake Number:  |
| Report NOT Recommended for Assessment |  |

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Detailed Description of Possible Abuse: