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 |  | |  |

Detailed Description of Possible Abuse: