**Alleged Child Abuse or Neglect Reporting Form**

DCS Hotline # 1800-800-5556

A report has been made in compliance with I.C. 31-6-11-1 through 31-6-11-21, which provides for the protection of abused or neglected children/youth. By reporting this case, I am acting in good faith on behalf of the protection of the child listed below.   
**Upon completion, this form will be treated as a Confidential Record.**

|  |  |  |
| --- | --- | --- |
| School: | School Address | School Phone |
| Person of Concern: | Address | Phone Number |
| Date of Report: | Person(s) Reporting & Completing Report: | Relationship to Child: |
| Time: | Name of DCS Contact | Case Number |

**PARENT/GUARDIAN INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| PARENT/GUARDIAN NAM E | PHONE NO. | | ADDRESS |
|  |  | |  |
|  |  | |  |
| NAME OF CHILDREN (include nicknames) | D.O.B. | GENDER | CURRENT LOCATION (if other than home) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**ALLEGED PERPETRATOR (if other than parent/guardian)**

|  |  |  |  |
| --- | --- | --- | --- |
| NAME | ADDRESS (Street, City, County, Zip) | PHONE NO. | RELATION TO CHILD |
|  |  |  |  |
|  |  |  |  |

**OTHER PERSON RESPONSIBLE FOR CHILD(REN)**

|  |  |  |  |
| --- | --- | --- | --- |
| NAME | ADDRESS (Street, City, County, Zip) | PHONE | RELATION TO CHILD |
|  |  |  |  |
|  |  |  |  |

**NATURE OF COMPLAINT**

**PLEASE RETURN BOTH PAGES OF THIS REPORT DIRECTLY TO THE DIRECTOR OF STUDENT SERVICES**

**LOG OF ACTIVITIES RELATED TO ALLEGED CHILD ABUSE OR NEGLECT**

School

When employee was made aware of suspected abuse/neglect: /

Date Time

When employee reported suspected / /

abuse/neglect to school principal Name (school staff) Date Time

Contact(s) made with Child Protection Services / /

Name (agency staff) Date Time

/ /

Name (agency staff) Date Time

/ /

Name (agency staff) Date Time

/ /

Name (agency staff) Date Time

Contact(s) made with Local Law Enforcement / /

Department Name (agency staff) Date Time

/ /

Name (agency staff) Date Time

/ /

Name (agency staff) Date Time

/ /

Name (agency staff) Date Time

Date Alleged Child Abuse or Neglect Report Form submitted to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

/

Date Time

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