|  |  |  |  |
| --- | --- | --- | --- |
| **Parent Guardian Information** | | | |
| Name | Role | Address | Phone Number |
| Click or tap here to enter text. | Alleged Perpetrator  Uninvolved | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Alleged Perpetrator  Uninvolved | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Alleged Perpetrator  Uninvolved | Click or tap here to enter text. | Click or tap here to enter text. |

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| --- | --- | --- | --- | --- | --- |
| **Child/Victim Information** | | | | | |
| Name | DOB | Gender | Ethnicity | Address | Phone Number |
| Click or tap here to enter text. | Click or tap to enter a date. | Choose an item. | Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap to enter a date. | Choose an item. | Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap to enter a date. | Choose an item. | Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. |

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| --- | --- | --- | --- |
| **Alleged Perpetrator (If Other Than Parent)** | | | |
| Name | Relation to Victim | Address | Phone Number |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

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| --- |
| **Suspected Type of Abuse:** Choose an item.  **Summary of Complaint** |
| Where did abuse occur: Click or tap here to enter text.  When did abuse occur: Click or tap to enter a date. Time: Click or tap here to enter text.  Description of incident: Click or tap here to enter text.  Description of injuries: Click or tap here to enter text.  Did child receive treatment for injuries? Yes No  Unknown If yes, where? Click or tap here to enter text. |

**Child Abuse and Neglect Hotline: 800-800-5556**

The above information was reported to Insert Name. of Choose an item. On Click or tap to enter a date.@ Click or tap here to enter text.

This information was then reported to DCS on Click or tap to enter a date.. Report was taken by: Click or tap here to enter text..

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed Name Click or tap here to enter text. Date Click or tap to enter a date.