SUSPECTED CHILD ABUSE REPORT FORM

CHILD'S NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____ SCHOOL: _____

PARENT(S)/LEGAL GUARDIAN: _____

ADDRESS: _____

I hereby acknowledge that I have a statutory duty to report any suspected abuse to DHS. I further understand that merely filing this report does not absolve me of my statutory duty to report this directly to DHS.

A copy of this suspected child abuse or neglect report may be filed with the Department of Human Services, the supervising administrator and the Superintendent of Schools. The supervising administrator will also need to contact the DHS.

Describe the nature and extent of the suspected child abuse or neglect: _____

_____

_____

Describe any evidence of previous suspected child abuse or neglect: _____

_____

Names of persons present during the interview with the child: _____

_____

Name of investigating social worker with the Department of Human Services (if known): _____

Signature of Person Filing Report: _____

Signature of Supervising Administrator: _____