

### CHILD ABUSE/NEGLECT REPORT

<b>Date Report Completed:</b>		<b>School:</b>	
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<b>Child:</b>						
	<small>Last Name</small>	<small>First Name</small>	<small>MI</small>	<small>Birthdate</small>	<small>Sex</small>	<small>Student #</small>

<b>Address:</b>		<b>Phone Number:</b>	
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<b>Name of Parent, Custodian, or Guardian:</b>	
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**Check type of suspected abuse being reported:**

<input type="checkbox"/> <b>Physical Injury</b>	<input type="checkbox"/> <b>Sexual Abuse</b>
<input type="checkbox"/> <b>Physical Neglect</b>	<input type="checkbox"/> <b>Other (Specify):</b>

**State nature, extent and date of abuse:**

**State any evidence of previous injuries:**

**State any comments made by child:**

<b>Oral report made to (CPS Staff Name):</b>		<b>CPS Intake Number:</b>	
<b>Date reported CPS:</b>		<b>Agency Phone #:</b>	<b>1 (800) 557-9671 (Region 1)</b>
<b>Report #:</b>			

<b>Print Name:</b>		
<b>Signatures:</b>		
	<small>Reporting Staff Member</small>	<small>Building Administrator</small>

**\*\*\*Copies to: Principal's Confidential File  
Executive Directors of Elementary Education or Secondary Education**

**STATE LAW MANDATES AN ORAL REPORT BE COMPLETED  
WITHIN 48 HOURS OF NOTIFICATION**