

Reporting Child Abuse and Neglect

Student Identification:			
Last Name	First Name	MI	Date of Birth

Parent/Guardian Identification:			
Guardian #1 Last Name	First Name	MI	Work Phone Number
Guardian #2 Last Name	First Name	MI	Work Phone Number
Street Address	City/State	Zip	Home Phone Number
With whom does the child live?		Primary Language	

Referrer Identification:	
Name of Referrer	Position (e.g. Administrator, Counselor, Nurse)
School/Dept	School Phone Number

Nature of Abuse/Neglect: (Check all that seem applicable)	
<input type="checkbox"/> Emotional Neglect/Abuse <input type="checkbox"/> Medical Neglect <input type="checkbox"/> Neglect <input type="checkbox"/> Physical Abuse	<input type="checkbox"/> Sexual Abuse <input type="checkbox"/> Sexual Exploitation <input type="checkbox"/> Other

Dates(s) of Abuse:

Suspected Offender:			
Last Name	First Name	MI	Access to Child <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address	City/State	Zip	Phone Number
Relationship to Victim: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input type="checkbox"/> Parent <input type="checkbox"/> Parent's Partner <input type="checkbox"/> Foster Parent <input type="checkbox"/> Day Care Staff </div> <div> <input type="checkbox"/> Relative <input type="checkbox"/> School Staff <input type="checkbox"/> Group Home Staff </div> <div> <input type="checkbox"/> Other (specify): </div> </div>			

Specific Allegations:

(Describe specific behaviors and conditions. Include where and when incident(s) occurred)

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Other Information: (i.e. history of abuse/neglect; caretaker characteristics; environmental factors; additional risk factors)

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Other Children in the Household:

Last, First, MI	Date of Birth:	Age	Sex	School Attended	Grade

Others in Household	Relationship
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Health Care Provider:

Involved Individuals:		
CPS Caseworker Contacted	Law Enforcement Officer Contacted (if applicable): Agency _____ <input type="checkbox"/> Copy of this report provided	
Date of Report	Time of Report	
Printed Name of Person Completing this Report	Signature of Person Completing Report	Date
Printed Name of Principal/Supervisor	Signature of Principal/Supervisor	Date

Distribution: Original: Superintendent's office

Fax: Monroe PD @ 360 794-3129 (if allegation took place within city of Monroe)