

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: _____