

Abuse of a Child Report Form
Confidential

Record of Report

Agency to which the report was made: _____

Employee making the report: _____

Person taking the report: _____

Date of report: _____ Time: _____

Date of receipt of follow-up report: _____

DHS Finding: _____

Additional Information Attached: Yes No

Information of Abuse Victim

Name of child: _____

Child's Birth date: _____ Age: _____

Parent or Guardian: _____ Phone: _____

Address: _____

Date and time of alleged abuse occurrence: _____

Nature and extent of the alleged abuse: _____

Identity of alleged perpetrator (if known): _____

Witness: _____

Other pertinent information regarding the alleged abuse: _____

Signature of Person Completing This Report

Date

Within 24 hours - Scan to Superintendent, original to Building Administrator, keep personal copy if desired.