



SUSPICION OF CHILD ABUSE REPORT FORM

Date: _____ Time: _____

Location of child: _____
(Positive identification must be made as to the identity and whereabouts of the child.)

Child's name: _____

Address: _____

Phone number: _____

Nature of suspected abuse (please be as specific as possible):

How information became known to reporting party:

Guardian/Parent who brought child:

Other unusual behaviors:

Other known history of child abuse:

Name of reporting person:

Paid department staff to whom report was made:

Was the emergency reporting policy followed?

Will the standard child abuse report policy be followed?