

CHILD ABUSE AND NEGLECT

REPORT FORM

STAFF MEMBER SUBMITTING REPORT _____

PRINCIPAL _____ SCHOOL _____

ADDRESS _____ TELEPHONE _____

NAME OF AGENCY REPORTED TO _____

1. ABUSED STUDENT:

NAME _____ AGE _____

ADDRESS _____

2. STUDENT'S PARENT, GUARDIAN, CUSTODIAN:

NAME _____ TELEPHONE _____

ADDRESS _____

3. NATURE AND EXTENT OF ABUSE/NEGLECT _____

4. NATURE OF PREVIOUS ABUSE/NEGLECT _____

5. OTHER INFORMATION REGARDING POSSIBLE CAUSE OF INJURIES OR IDENTITY OF PERPETRATOR: _____

