

## Suspected Child Abuse/Neglect Incident Report

**Instructions:** Complete this form immediately upon knowledge or suspicion of child abuse or neglect. Notify your supervisor immediately upon suspected child abuse/neglect. A copy of this form is to be submitted to your supervisor within 48 hours of reporting suspected child abuse or neglect.

### Reporter (Name of Person Completing Form)

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Location: \_\_\_\_\_

Phone: \_\_\_\_\_ Date and Time of Report: \_\_\_\_\_

### Child's Information

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Does the child have any siblings? If yes, ages of siblings? \_\_\_\_\_

### Incident

Date and Time of Incident: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Alleged Maltreatment (use space bar to check all that apply)

Neglect	Physical	Sexual	Emotional
<input type="checkbox"/> Lack of medical care	<input type="checkbox"/> Cuts, bruises, welts	<input type="checkbox"/> Sexualized behavior	<input type="checkbox"/> Domestic violence
<input type="checkbox"/> Lack of supervision	<input type="checkbox"/> Burns	<input type="checkbox"/> Age inappropriate sexualized behavior	<input type="checkbox"/> Threats
<input type="checkbox"/> Lack of basic needs (shelter, food, clothing)	<input type="checkbox"/> Unexplained injuries	<input type="checkbox"/> Sexual disclosure	<input type="checkbox"/> Verbal abuse
<input type="checkbox"/> Substance abuse	<input type="checkbox"/> Broken bones	<input type="checkbox"/> Exposed to pornography	
<input type="checkbox"/> Injurious environment	<input type="checkbox"/> Cruel punishment		
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

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## Incident (continued)

If "Other", describe:

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Describe the child's account of the incident (*who, what, where, why, how?*):

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## CPS Notification

Date the incident was reported: \_\_\_\_\_ Time the incident was reported: \_\_\_\_\_

CPS Counselor's Name/ID#: \_\_\_\_\_

## PCDC Administration

Did you notify PCDC Administration?  Yes  No

If yes, date and time of report: \_\_\_\_\_

Who did you notify? \_\_\_\_\_

What are your next steps? \_\_\_\_\_

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\_\_\_\_\_

Staff Signature

\_\_\_\_\_

Date

## Monitoring

\_\_\_\_\_

Executive Director

\_\_\_\_\_

Date