

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:

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

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? _____

Staff Signature

Date

Monitoring

Executive Director

Date