

SAMPLE

Child Abuse Reporting Form

Hotline Number: 1-800-522-3511

Agency Contacted: DHS _____ Law Enforcement (LE): _____

Date of Contact with DHS/LE: _____ Time of Contact: _____

DHS/LE Confirmation #: _____ Contact Person: _____

Name of Child: _____ Age of Child: _____ ID#: _____

School: _____ Grade: _____

Names, Ages, ID#s of additional children: _____

Describe the injuries and/or the incident reported: _____

Submit the form(s) to the appropriate administrator within 24 hours of reporting the incident.

Signature of Principal/Director

Date Received

Signature of Other Administrator

Date Received