Child Abuse Reporting Form

Hotline number: 800-522-3511
Agency Contacted: DHS □ Law Enforcement (LE) □

Date of Contact with Agency/LE: ____________________ Time of Contact with DHS: ____________________
Agency/LE Confirmation Number: ____________________ Contact Person: ____________________
Name of Child: ____________________________________ Age of Child: ___________ ID # ___________________
School: _______________________________________________________ Grade: __________________

Names, Ages, ID #s of Additional Children: ___________________________________________________________
__________________________________________________________________________________________________

Address of Child/ren: _______________________________________________________________________________
__________________________________________________________________________________________________

Describe the injuries and/or incident as reported: _______________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

Submit form(s) to the principal and/or other designated administrator within 24 hours of hotline reporting.
Submit one form for each agency contacted.

_________________________________________  ______________________________
Signature of Principal/Director                  Date Received

_________________________________________  ______________________________
Principal and/or other Designated Administrator Date Received