Report of Suspected Child Abuse, Abandonment or Neglect
(Re: Policy #443.4)

Original to: Local Law Enforcement ____
Department of Health and Welfare ____
Copy to: Superintendent ____
Building Principal ____

From: _____Title: _____

School: _____Phone: _____

Persons contacted: ___Principal ___Teacher ____School Nurse ____Other _____

Name of Minor: _____Date of Birth: _____

Address:_____ Phone: _____

Date of Report: _____Attendance Pattern: _____

Father: _____Address:_____ Phone:_____

Mother: _____Address: _____Phone: _____

Guardian or Step-Parent: _____Address:_____ Phone:____

Any suspicion of injury/neglect to other family members:
_____

Nature and extent of the child's injuries, including any evidence of previous injuries, and any other information which may be helpful in showing abuse or neglect, including all acts which lead you to believe the child has been abused, abandoned and/or neglected:
_____
_____

Previous action taken, if any:
_____
_____

Follow-up by Local Law Enforcement / Department of Health and Welfare (copy to be completed and returned to the Superintendent/Building Principal):

Date Received: _____Date of Investigation: _____