

Child Abuse/ Neglect Reporting Form

Today's Date/Time:		CPS Worker: Phone: Law Enforcement Notified: YES/ NO	
CHILD INFORMATION			
Child's Name: [Last Name]		First: [First Name]	Middle [Middle Name]:
Birth date: [Birthday]	Age: [Age]	Race: [Race]	Sex: <input type="radio"/> M <input type="radio"/> F
Address: [Address/ P.O Box, City, ST ZIP Code]			
Parent/Guardian: [Name]	Cell phone no.: [Phone]		Home phone no.: [Phone]
Parent/Guardian: [Name]	Cell phone no.: [Phone]		Home phone no.: [Phone]
Others in Household:			
REPORT			
(Please report What Happened in space below)			
Describe Indicators of Abuse or Neglect [Physical, Behavioral]:			
Describe any evidence of previous injuries:			
Other Information: [additional comments, identity of perpetrator, time elapsed, etc.]			
Patient's relationship to subscriber: [Choose an item] Other: [Relationship to subscriber]			
OFFICE ROUTING INFORMATION			
This report sent to CPS and: <input type="checkbox"/> Program Director <input type="checkbox"/> Family Service Worker <input type="checkbox"/> Coordinator <input type="checkbox"/> Building Administrator <input type="checkbox"/> Family <input type="checkbox"/> Classroom Teacher		Ask CPS Worker for Status Priority: <input type="checkbox"/> 24 hours <input type="checkbox"/> 10 Day <input type="checkbox"/> 48 Hours <input type="checkbox"/> Info Only	Name of Assigned Worker: [Name and Phone]
Staff Person Making Report: [Print/Signature]			[Date]

