



Suspected Child Abuse Report Administrative Procedure 8.10A

This report is intended to:

1. Support you in being prepared when calling CFS with a concern
2. Serve as formal documentation of the concern

About You

Your Name: _____

School: _____ School Phone No.: _____

Position: _____

Who did you talk to at CFS? _____

Date of Report: _____ Time of Report: _____

Child You are Concerned About:

Full Name of Child: _____ Age: _____ Grade: _____

Date of Birth: _____ Gender: _____

Address: _____ Phone: _____

Time of Pickup/Arrival Home: _____

Name/Ages of Siblings (if known): _____

Siblings' Address (if different from parents/guardians): _____

Suspected Abuser:

Name: _____

Address: _____ Phone: _____

Parents/Guardians:

Parent 1 Name: _____

Address: _____ Phone: _____

Parent 2 Name: _____

Address: _____ Phone: _____

