

ELKHORN PUBLIC SCHOOLS
SUSPECTED CHILD ABUSE AND/OR NEGLECT REPORT FORM

(Type or print all information)

CHILD _____ DATE _____

SCHOOL _____ AGE _____ BIRTHDATE _____ SEX: M F

PARENT(S)/GUARDIAN(S) HAVING CUSTODY _____ DATE OF INCIDENT _____

ADDRESS _____ TELEPHONE _____

TYPE OF SUSPECTED ABUSE OR NEGLECT: (Check all that apply)

____ Burns

____ Fracture

____ Sexual Abuse

____ Beating

____ Neglect

____ Abandonment

____ Malnutrition

____ Other (Specify) _____

LOCATION OF INJURIES (If applicable): _____

REASON(S) FOR SUSPECTING ABUSE/NEGLECT: _____

NAME AND ADDRESS OF SUSPECTED ABUSER: _____

CHILD'S ACCOUNT OF INJURY OR SITUATION: _____

OTHER PERTINENT INFORMATION (e.g. Relevant health information, knowledge of family situation, etc.) _____

Was Child Protective Services Contacted? ____ Yes ____ NO

If yes, who was notified? _____
(Name) (Position/Jurisdiction) (Date contacted)

Was law enforcement contacted? ____ Yes ____ No

If yes, who was notified? _____
(Name) (Position/Jurisdiction) (Date contacted)

Was anyone else notified? ____ Yes ____ No

If yes, who was notified? _____
(Name) (Position/Jurisdiction) (Date contacted)

(Signature of person completing report) (Title/Position) (Date)