

CONFIDENTIAL

DISTRICT 742 CHILD PROTECTION REPORT FORM

_____ School _____ Date/Time of Completing This Report

1. What are you reporting? (Check One)

_____ Alleged Physical Abuse _____ Alleged Sexual Abuse _____ Alleged Neglect

2. What have you heard or observed related to the alleged abuse you are reporting?

3. When did the alleged abuse occur? _____

4. Name of the alleged victim? _____ DOB: _____

5. Name and address of parent(s)? _____

Phone number: _____

6. Does child reside with parent(s)? _____ Yes _____ No

If no, please list child's address: _____

7. Name and Address of alleged abuser? _____

Phone number: _____

8. Person contacted at Social Services: _____

(Name) (County)

9. Date/Time Social Services called: _____

_____ Signature of Person Reporting _____ Title _____ Address of Person Reporting