

**Child Abuse and Neglect Report Form**

Staff Member Submitting Form \_\_\_\_\_

Principal \_\_\_\_\_ School \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Name of Agency Reported to \_\_\_\_\_

1. Abused/Neglected Student:

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

2. Student's Parent, Guardian, Custodian:

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

3. Nature and Extent of Abuse/Neglect \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Nature of Previous Abuse/Neglect \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Other information regarding possible cases of injuries or identity of perpetrator: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_