

APPENDIX D
REPORT OF SUSPECTED INCIDENT OF CHILD ABUSE

1. Printed Name of worker (paid or volunteer) completing this form who observed or received disclosure of child abuse (whose signature is below): _____

2. Victim's name _____

Victim's age and date of birth _____

Victim's home address _____

Victim's present location _____

Home address of parent or other individual responsible for the care of the victim _____

Names and ages of other children in the home _____

3. Nature and extent of injuries or sexual abuse _____

4. Any information known of previous possible physical or sexual abuse _____

5. Date/place of initial conversation with/report from victim _____

6. Victim's statement (give your detailed summary here) _____

7. Name of person accused of abuse _____

Relationship of accused to victim (paid staff, volunteer, family member, other) _____

8. Date reported to Named Supervisor _____

Signature of Person Making Report

Date _____

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TO BE COMPLETED BY THE NAMED SUPERVISOR

9. Call/Visit victim's parent/guardian

Name(s) of alleged victims parent(s)/guardian(s):

Phone: (Home)_____ (Office)_____

(Cell)_____

Date/time of initial contact _____

Spoke with _____

Summary _____

10. Call to Child Protective Services and/or Police:

Date/time _____

Spoke with _____

Summary _____

11. Call to Attorney's Office:

Date/time _____

Spoke with _____

Summary _____

12. Call to Insurance Agent (if applicable):

Date/time _____

Spoke with _____

Summary _____

****Other Contacts**

Name(s) _____

Date/time _____

Summary _____
