

LAKE COUNTY SCHOOL DISTRICT R-1
Child Abuse/Neglect Reporting Form

WRITTEN REPORT

Date _____

Name of Child: _____ Birth Date _____ Sex _____

Address: _____ Grade _____

Parent(s)/Guardian _____

Parent's Address (if different): _____ Home Phone: _____

Parent's Place of Employment: _____ Work Phone: _____

Family Composition: _____

1. *Check Items that apply:*

- | | | |
|---|--|--|
| <input type="checkbox"/> Dislocation/Sprains | <input type="checkbox"/> Lack of Supervision | <input type="checkbox"/> Emotional Neglect |
| <input type="checkbox"/> Twisting/Shaking | <input type="checkbox"/> Abandonment | <input type="checkbox"/> Educational Neglect |
| <input type="checkbox"/> Malnutrition | <input type="checkbox"/> Burns, Scalds | <input type="checkbox"/> Physical Neglect |
| <input type="checkbox"/> Exposure to Elements | <input type="checkbox"/> Medical Neglect | <input type="checkbox"/> Sexual Abuse |
| <input type="checkbox"/> Cuts, Bruises, Welts | <input type="checkbox"/> Other (please describe) | |

Description: _____

2. Briefly describe the reporter's concern for the child: _____

3. Describe the child's account of how the incident occurred and possible witnesses: _____

4. Describe any previously known or suspected abuse or neglect to child or siblings: _____

5. Provide name(s), address(es), and relationship to child of person(s) responsible for suspected abuse or neglect (if known): _____

6. Report made to: _____ **DHS** (844-264-5437) if the person(s) responsible for suspected abuse is a member of the child's family.**OR**_____ **Law Enforcement** (SRO) if the person(s) responsible for suspected abuse is not a member of the child's familyCall/report Info: _____

Date
Time
Person taking report

Name of person making this report
Position
School

(If call was made to DHS, also fax this form to 719-486-0436. Turn completed form into principal, who will submit it to the Superintendent.)