

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 family

Call/report Info: _____
Date Time Law Enforcement taking report

Law Enforcement taking report Case Number from Law Enforcement

Name of person making this report Position School