

# 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: \_\_\_\_\_ Home 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 \_\_\_\_\_ 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.)

Issued: August 2000  
Reviewed: September 2020