

SUSPECTED CHILD-ABUSE REPORTING FORM

The following information was provided to:

(Name of Person/Position/Agency)

(Telephone Number/Address)

Child's Name _____

Address _____

Phone (_____) _____ Class _____

PHYSICAL INDICATORS OBSERVES: (Mark areas on diagram on back)

BEHAVIORAL INDICATORS OBSERVED:

OTHER INDICATORS OBSERVED/KNOWN:

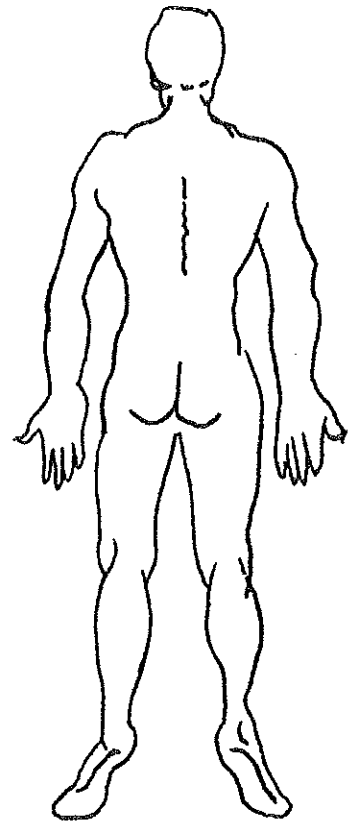
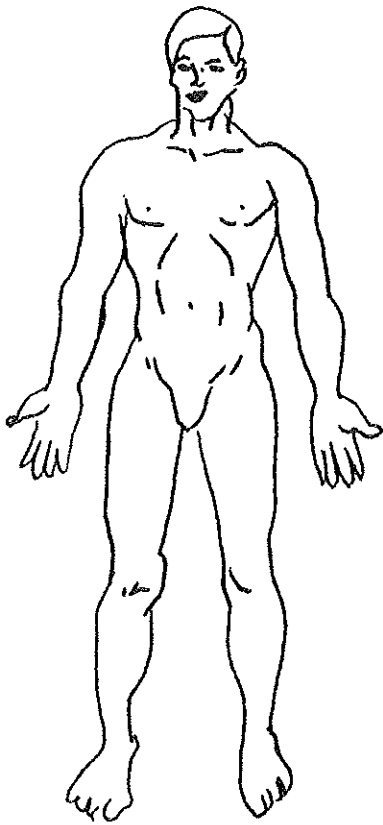
Reporter's Name and Position _____

Signature _____

Date of Report _____

(PLEASE PLACE REPORT IN A SEALED ENVELOPE BEFORE PASSING ON)

Illustrate on the diagram position or place of injury.



Date report written _____ 19____ Time _____ a.m.
p.m.

Signed _____