



# Report of Suspected Child Abuse

The following information was provided to:

\_\_\_\_\_  
(Name of Person/Position/Agency)

\_\_\_\_\_  
(Telephone Number/Address)

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent(s) \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone ( ) \_\_\_\_\_ - \_\_\_\_\_

Physical Indicators Observed \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Behavioral Indicators Observed \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Indicators Observed \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Staff Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date