

REPORT OF SUSPECTED ABUSED/NEGLECTED CHILD

TO: _____
Name of Local Department of Human Services

FROM: _____
Name of Person or Institution Making Report

Case Number _____
*DHS assigns the case number

Address (Where Child May Be Seen) _____

Birthdate _____ **Age** _____

Name of Person(s) Responsible for Child's Care _____

Address _____

Relationship _____

Name of Suspected Abuser/Neglector _____

Address _____

Relationship (of suspected abuser/neglector) to child _____

The nature and extent of the current (including any evidence of previous) injuries or neglect to the child in question.

COMMENTS:

Signature of Person Making Report