

REPORT OF SUSPECTED ABUSE, ABANDONMENT OR NEGLECT

Original to: ____ Local Law Enforcement
 ____ Department of Health and Welfare

From: _____ Title: _____

School: _____ Phone: _____

Persons contacted: Principal Teacher School Nurse
 Other _____

Name of Minor: _____ Date of Birth: _____

Address: _____ Phone: _____

Date of Report: _____ Attendance Pattern: _____

Father: _____ Address: _____

Phone: _____

Mother: _____ Address: _____

Phone: _____

Guardian or Step-Parent: _____ Address: _____

Phone: _____

Any suspicion of injury/neglect to other family members: _____

Nature and extent of the child's injuries, including any evidence of previous injuries, and any other information which may be helpful in showing abuse or neglect, including all acts which lead you to believe the child has been abused, abandoned and/or neglected:

Previous action taken, if any: _____

Follow-up by Local Law Enforcement/Idaho Department of Health and Welfare (copy to be returned to employee or volunteer initiating report):

Date Received: _____ Date of Investigation: _____