

Suspected Child Abuse/ Neglect Report Form

Any Employee of Scarborough Public Schools who suspects that a child has been or is likely to be abused or neglected must immediately notify the building principal/designee using this form.

The purpose of this form is to document your reporting and to facilitate confirmation to you that the building principal or other designated school official has made your report to the Department of Health and Human Services (DHHS) or, as appropriate, to the District Attorney (DA).

If you have not received written confirmation within 24 hours of submitting this form to the building principal/designee, you shall make your own report to DHHS or, if appropriate, to the DA.

- 1) Name/Title/Telephone number and e-mail address of the notifying person (person who originally has the information and is required to report):

- 2) Date and time of notifying person's report: _____

- 3) Name/title of school principal/designated agent this report was made to:

- 4) Name of student who is subject of report: _____

Birthdate: _____

Grade: _____

- 5) Statement or indicators leading to the suspicion of abuse/neglect (including all known information, including date, time, and location, name of alleged abuser, and relationship to student):

- 6) List any materials collected related to the report:

CONFIRMATION OF REPORT

(Used for confirming principal or designated agent's report to authorities.)

Principal or Designated Agent Report Made to Authorities:

Name of principal or designated agent: _____

Agency contacted by telephone: _____

Name and title of agency contact: _____

Date and time of telephone report: _____

Principal/Designated Agent Signature

Date and Time

EMPLOYEE'S ACKNOWLEDGEMENT OF RECEIPT OF CONFIRMATION

I have received confirmation that my report has been made to DHHS or the DA by the Principal or other Designated Agent.

(Notifying Person/Original Reporter's Signature,
Employee's Signature)

Date and Time

Reviewed: July 28, 2016

Adopted: