

Chinook School District

5232F

PERSONNEL

**Chinook School District
Report of Suspected Child Abuse or Neglect**

Original to: Department of Family Services

Copy to: Building Principal

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 or neglected: _____

Previous action taken, if any: _____

Follow-up by Department of Family Services (DFS to complete and return copy to the Building Principal):

Date Received: _____ Date of Investigation: _____