



CHILD PROTECTION/SUSPICION OF ABUSE REPORT

Date of Written Report: _____

Date and Time of Verbal Report: _____

Verbal Report Given To: _____(Name)

_____ (Agency)

Full Name of Student: _____

Date of Birth of Student: _____

School: _____

Nature of concern: neglect physical sexual emotional

Name and address of individual(s) disclosed as (d) or suspected of (s) causing incident (if known):

Description of Injury: (if physical, include size, shape, colour, location on body - see diagram on page 7 of 7)

Description of Incident: (include direct quotes)

Description of Student's Health or Behaviour: (include drastic changes, chronic problems, relevant artwork or acting out)

In your opinion, is the child's safety an immediate concern? Yes No

Name, printed in full, and signature of person filing report.

Full name of student: _____ Gender: _____

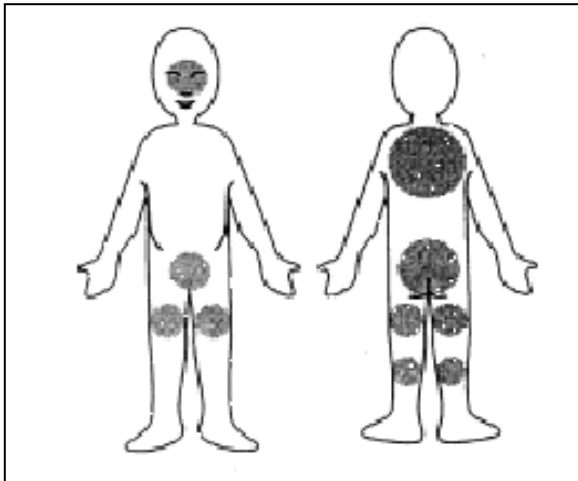
Name of custodial parent(s)/guardian(s) (indicate *P* or *G*): _____

Names and ages of siblings: _____

Address: _____

Telephone: _____

PHYSICAL LOCATION OF INJURY



Adopted September 1, 2009		
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