

MAINE SCHOOL ADMINISTRATIVE DISTRICT #33

Suspected Child Abuse/Neglect Report Form

- 1) Name/title/telephone number of person making first report: _____

- 2) Date and time of first report: _____
- 3) Name/title of school department official first report made to: _____

- 4) Did the person making first report contact DHS independently: ____ Yes ____ No
- 5) Date/time/person making report to Superintendent: _____
- 6) Name of student who is subject of report: _____
Birth date: _____ Sex: _____ Grade: _____
Known history of abuse/neglect? _____
Parent/Guardian Name(s): _____
Address: _____
Home and work telephone numbers: _____
Name(s) of sibling(s): _____
- 7) Statements or indicators leading to the suspicion of abuse/neglect (include all known information, including date, time and location, name of alleged abuser, and relationship to student): _____

- 8) List any photographs taken or other materials collected related to the report: _____

- 9) Actions taken by school officials (list date, time and personnel involved):

10) Reports to authorities:

Agency contacted by telephone: _____

Name and title of agency contact: _____

Date and time of telephone report: _____

Copy of report form sent (include date and addressee): _____

Signature and title of person completing form:

Date: _____

History: Adopted Meeting #868 February 2, 2009