

Report of Suspected Child Abuse/Neglect Form:

When there is reasonable cause to believe Child Abuse/Neglect has or will occur the law mandates a referral to the authorities. A prompt **verbal report** needs to occur to either Child Protective Services (CPS) (1-800-652-1999) or your local Law Enforcement agency. This “**Report of Suspected/Alleged Child Abuse/Neglect**” form can be used for your written report and for your own documentation. (Statute 28-711) Keep in mind that if the child has physical indications/injuries or there are immediate safety issues, law enforcement (not CPS) has the authority to take immediate protective custody if necessary and must be contacted. Below are some key points to consider when making a report:

Although the law requires that you report to CPS or law enforcement, there are advantages to reporting to law enforcement when there are immediate safety issues such as injury or sexual abuse concerns.

When making a verbal report, the authorities may ask you questions that you are unable to answer. These questions are for their assessment and they realize that you may not have all the answers.

It is important to ask the authorities what the next step is in the investigation. It is important to get direction from them as to how they want to handle the notification of parents and others. Many times, law enforcement personnel do not want you to discuss the referral with others until they arrive at the school/parish.

An authority (CPS or law enforcement) may request records/written documentation in addition or in place of the written form. The authority would need to fill out a release of information form (**see Request for Information form**), documenting the current investigation and the need for further records.



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Guidelines for Completing the Reporting Form:

Fill out the form as completely as possible. There may be some information you do not know. If this is the case, indicate “unknown” in the space.

See the definitions of Child Abuse/Neglect to assist you in identifying the appropriate category of suspected abuse. There may be many reasons for the behavioral indicators other than Child Abuse/Neglect. It is important to note that physical/behavioral indicators are most helpful when there is a current concern regarding Child Abuse/Neglect.

DOB: is Date of Birth

Relevant Past History: include any pertinent information related to the concern such as past reports of abuse/neglect, learning, or attendance concerns.

Present agencies involved: include any pertinent information such as counseling, tutoring, or prior CPS involvement.

Observations: Document all of your observations. It is important to be as objective as possible. An example might be: “child’s clothing was torn, stained and had a foul odor” as opposed to “the child was dirty”. Write in a way that gives a visual image of what you observed. This allows the authorities to draw their own opinion.

Add an additional page if needed. This report is also for your documentation.

Remember that *reporters are immune from liability provided they do not make maliciously false statements* (Statute 28-716) and a person can be *prosecuted if he/she fails to report a known abuse*. (Statute 28-717).



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**2019 Archdiocesan Reporting Form
(Suspected/Alleged Child Abuse/Neglect)**

Name of
Child/Youth _____

Suspected Abuse/Neglect (Check all that apply):

- _____ *Date of Concern*
- Sexual Abuse* *Physical Neglect* *Failure to Thrive*
- Emotional Abuse* *Emotional Neglect* *Medical Neglect*
- Physical Abuse* *Abandonment* *High Risk*

Any Physical Findings _____

Relevant Past History _____

Agencies Currently Involved _____

Identifying Information of Alleged Victim(s):

Name _____

Race _____ *Sex* _____ *DOB* _____

Parents/Guardians _____



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Address _____ City _____ State _____

County _____ Zip _____ Phone Number _____

Involved/ At- Risk Siblings:

Name _____ Race _____ Sex _____ DOB _____ Grade _____

Name _____ Race _____ Sex _____ DOB _____ Grade _____

Name _____ Race _____ Sex _____ DOB _____ Grade _____

Name _____ Race _____ Sex _____ DOB _____ Grade _____

Significant Other/Family Member _____

Alleged Offender (if known) _____

Address _____ City _____ State _____

Identifying Information of Reporter(s)

Parish/School/Other _____

Concern originated from:

Religious Education Name _____

Youth Group Name _____

School Name _____

Before/After Care Name _____

Parent Interaction Name _____

Other Name _____

Other Name _____

Pastor _____ Phone _____



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Religious Education Director _____ Phone _____

Principal _____ Phone _____

Youth Ministry Director _____ Phone _____

Address _____ Phone _____

OBSERVATIONS:

Physical/ Emotional State of Child:

Statements of the Child:

Physical/Emotional State of Parent:

Statements of the Parents/Guardians:
