
SUSPECTED ABUSE REPORT FORM

Date _____

Name of Student _____

Age of Student _____ Grade _____ Birthdate _____

Address _____

Postal Code _____ Phone # _____

Parents' Names _____

Siblings' Names _____

Name of Person Filing Report _____

Name of Leader Receiving Report _____

Name of Social Worker _____ Phone #, Extension _____

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Nature of suspected abuse (physical, sexual, emotional, neglect) _____

Indications of suspected abuse (including facts, physical signs and course of events) _____

Action taken (including date and time) _____

.....

Signed _____ Signed _____
(Person Reporting) (Elder)

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The above information will serve as a guide and will be necessary if a formal report is filed with the police or appropriate government agency.
All information received is to be kept **STRICILY CONFIDEN'TIAL**.