



# Suspected Abuse Report Form

Date: \_\_\_\_\_

Name of Child/Youth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Names of Parents/Guardians: \_\_\_\_\_

Names of Siblings: \_\_\_\_\_

Name of Person Filing Report: \_\_\_\_\_ Location of Child/Youth: \_\_\_\_\_

Name of Person Receiving Report: \_\_\_\_\_

Name of Case Worker: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name of alleged perpetrator: \_\_\_\_\_  Male  Female

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) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If a child is reporting:

What did the child say? (give quotes where possible) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What was your response? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Date \_\_\_\_\_

Leader's Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Date \_\_\_\_\_