

CONFIDENTIAL INFORMATION**PORT TOWNSEND SCHOOL DISTRICT****STUDENT CHILD ABUSE, NEGLECT, AND EXPLOITATION REPORT**

Date: _____ School: _____

Following the staff's oral report to the Departments of Social and Health Services Children's Protective Services Hotline at 1-866-764-2233 or 1-888-713-6115 (or 911 if an emergency situation). The reporting staff member will complete this form and keep in their personal file for future reference.

Child: _____ Gender _____
 Last Name (Legal) First name Middle Initial

Address: _____
 Street City State Zip

Age: _____ Birthdate: _____ Phone: _____

With whom does the child live? Both parents _____ Father _____ Mother _____

Other: (specify): _____

Check appropriate space indicating type of abuse being reported:

_____ Physical Injury _____ Physical Neglect
 _____ Sexual Abuse _____ Other (specify) _____

Please describe in detail the nature of the abuse or neglect, including approximate dates:

Oral report made on _____ to: _____ CPS Hotline _____ 911 Date _____

Person Filing Report's Signature (Keep copy in personal file for future reference)

Case # _____