

SUSPECTED CHILD ABUSE/NEGLECT REPORT FORM

Any employee of the Augusta School Department who suspects that a child has been or is likely to be abused or neglected (the “notifying person”) must immediately notify the building principal using this form. The purpose of this form is to document your reporting and to facilitate confirmation to you that the building principal or other designated school official has made your report to the Department of Health and Human Services (DHHS) or, as appropriate, to the District Attorney.

If you have not received written confirmation within 24 hours of submitting this form to the building principal, you must make your own report to DHHS or, if appropriate, to the DA.

- 1) Name/title/telephone number and email address of notifying person (person who originally has the information and is required to report it):

- 2) Date and time notifying person’s report:_____
- 3) Name/title of school principal/designated agent this report was made to

- 4) Did notifying person contact DHS independently: _____ Yes _____No
- 5) Name of student who is subject of report:_____
- Birthdate:_____ Sex:_____ Grade:_____
- Known history of abuse/neglect?_____
- Parent/Guardian Name(s):_____
- Address:_____
- Home and work telephone numbers:_____
- Name(s) of sibling(s):_____

6) 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): _____

7) List any photographs taken or other materials collected related to the report:

8) Actions taken by school personnel (list date, time and personnel involved):

CONFIRMATION OF REPORT

(Used for confirming principal or designated agent’s report to authorities)

Principal or Designated Agent Reports Made to Authorities:

Name of principal or designated agent: _____
Agency contacted by telephone: _____
Name and title of agency contact: _____
Date and time of telephone report: _____
Copy of report form sent (including date and addressee): _____

Principal/Designated Agent Signature

Date and Time

EMPLOYEE’S ACKNOWLEDGEMENT OF RECEIPT OF CONFIRMATION

(To be returned to principal or designated agent)

I have received confirmation that my report has been made to DHHS or the DA by the Principal or other Designated Agent.

Notifying Person/Original Reporter’s Signature
(Employee’s Signature)

Date and Time

Adopted: February 10, 2016