

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):_____

