

CHILD ABUSE AND NEGLECT REPORT FORM

Date _____

Child's Name _____ Age: _____ Sex _____
Last (PLEASE PRINT) First

Address _____ School _____ Grade _____

Name of Parent/Guardian _____

TYPE OF SUSPECTED ABUSE: Physical Emotional Sexual
 Neglect Other

Brief Narrative of Incident: _____

AGENCY TO WHICH INCIDENT HAS BEEN REPORTED:

_____ County Social Services Local Police Department

_____ County Sheriff's Department Other _____

Name of person at agency to whom incident has been reported: _____

_____ Position: _____
(nature of person initiating report)

_____ Position: _____
(nature of immediate supervisor)

Courtesy of Nevada Cooperative Extension

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