



Child Abuse/Neglect Reporting Form

Date of Alleged Incident _____ Date Disclosed to Learning Center _____

Date Disclosed to Hope Online _____

Child Information

Name _____ DOB _____

Address _____ City _____ Zip _____

Phone _____ Ethnicity _____ Gender _____

Learning Center _____ Siblings _____

Normal Demeanor (Talkative, moody, etc.) _____

Demeanor following incident _____

Family Information

Mother's Name _____ Phone _____

Father's Name _____ Phone _____

Legal Guardian's Name _____ Phone _____

Address (if different than above) _____

Documentation (please be as specific and objective as possible)

Physical indicators observed _____ Date(s) _____

Behavioral Indicators Observed

Date(s) _____

Action Steps

Reported to Child Welfare by _____ Date _____

Child Welfare Contact Name _____ Case Number (if assigned) _____

Follow-Up/Additional Information
