

**West Bonner County School District**

**PERSONNEL**

**5270**

**Report of Suspected Child Abuse, Abandonment or Neglect**

A reporting timeline is established by statute/policy of 24 hours for completing all reports from the time first knowledge of suspected child abuse or neglect is received by the staff person and the principal or designee at the building.

**CALL:** Child Protective Services or proper local law enforcement agency.

Date of Call(s): \_\_\_\_\_ Name of Person(s) talked to (above): \_\_\_\_\_

Notified: Principal/Designee (Name) \_\_\_\_\_

Date of This Notification: (Prinicpal/Designee: \_\_\_\_\_

Date of This Report: \_\_\_\_\_

School: \_\_\_\_\_

		<input type="checkbox"/>	<input type="checkbox"/>		Male	Female	
Child's Last Name	First Name						DOB

Address	City	State	Zip	Telephone	

Name of Parents/Step-Parents/Guardians/Custodial Parents  
\_\_\_\_\_

With whom does the child live? Both Parents Father Mother Other

Identify the alleged abuser(s) \_\_\_\_\_ Address \_\_\_\_\_  
\_\_\_\_\_ Address \_\_\_\_\_

Check appropriate box indicating type of abuse being reported:  
physical injury sexual abuse emotional neglect or abuse  
physical neglect other (specify)

State the nature and extent of alleged abuse (checked above): \_\_\_\_\_  
\_\_\_\_\_

Any evidence of previous injuries, include their nature and extent? \_\_\_\_\_  
\_\_\_\_\_

State other information, which may be helpful in establishing the cause of the child's status:  
\_\_\_\_\_

\_\_\_\_\_  
Staff Member Reporting (signature/date)

\_\_\_\_\_  
Administrator Reporting (signature/date)