

CHILD ABUSE REPORTING FORM



Hotline number: 800-522-3511

Agency Contacted: DHS Law Enforcement (LE)

Date of Contact with Agency/LE: _____ Time of Contact with DHS: _____

Agency/LE Confirmation Number: _____ Contact Person: _____

Name of Child: _____ Age of Child: _____ ID # _____

School: _____ Grade: _____

Names, Ages, ID #s of Additional Children: _____

Address of Child/ren: _____

Describe the injuries and/or incident as reported: _____

Submit form(s) to the principal and/or other designated administrator within 24 hours of hotline reporting.
Submit one form for each agency contacted.

Signature of Principal/Director

Date Received

Principal and/or other Designated Administrator

Date Received