



SUSPECTED CHILD ABUSE REPORT

To Be Completed by Mandated Child Abuse Reporters

Please Print or Type

And Fax to;

1-501-618-8952

* INDICATES MANDATORY FIELDS

*Note That this form is to be used for non-emergency use only

Reporting party	*Name of Reporter		Title		
	Reporters Address				
	Street	City	ZIP		
	*Phone Number	*Date of Report			
*Did Mandated Reporter witness the incident? YES <input type="checkbox"/> NO <input type="checkbox"/>					
Victim Information	Name (last, first, middle)		DOB or Approx age	Sex	
	Address		Street	City ZIP	
			Phone ()		
	*Present location of the victim			School or Daycare	
Relationship to alleged Offender			Child in Foster Care?		
			YES <input type="checkbox"/> NO <input type="checkbox"/>		
#2 VIC	Name (Last, first, middle)		DOB or Approx age	Sex	

DEMOGRAPHIC ROLES:

A/V = Alleged Victim
 A/O = Alleged Offender
 PFRC = Person Responsible for Care (of the victim child)
 Sibling = Sibling to the victim child
 Other Person = A person living in the home
 With the victim child not already mentioned

#1	Name	Race	Sex
	Role in Referral	Address	Age/DOB
#2	Name	Race	Sex
	Role In Referral	Address	Age/DOB
#3	Name	Race	Sex
	Role in Referral	Address	Age/DOB
#4	Name	Race	Sex

Role in Referral	Address		Age/DOB
#5	Name	Race	Sex
Role in Referral	Address		Age/DOB
Incident Information	Date/time of incident	Place of incident	
	<p>Narrative- Please include the following: What Happened; Who Did It?; Does the child have injuries now? When was the child last seen and by whom? ; Safety Concerns; Any Drug Use? Where is child now?</p>		