

Report of Suspected Child Abuse (version 12)

Name of worker (paid or volunteer) observing, receiving disclosure, or any information of suspected abuse of a minor:

Minor's name: _____

Minor's age/ date of birth: _____

Informant's name (if applicable): _____

Date/ Place of initial conversation with/ report from minor or informant:

Minor's or informant's statement (give details as close to verbatim as possible):

Does minor appear to be injured? No _____ Yes _____

If yes, the Notice of Injury form (Attachment H) must be completed and attached

Name of person accused of abuse: _____

Relationship of accused to minor (paid staff, volunteer, family member, other):

Signature of person submitting report

Date