

Suspected Child Abuse / Referral Form updated 11/4/2011

Date:

To: Child Protective Services Intake Worker

Phone: 1-855-323-3237

Fax: 1-855-323-3238

Re: Suspicion of child abuse

Referring Individual:

Title:

School:

Relationship to the child:

Victim:

D.O.B.

Age:

Grade:

Father:

Primary language:

Mother:

Primary language:

Address:

Home phone:

Emergency:

Father's daytime phone:

Mother's daytime phone:

Narrative description of the type of abuse (Be as descriptive as possible)

When:

Where:

Who:

How:

If you have further questions, please contact _____ at this phone number _____ .

With much concern,