

## Social Services Referral/Report Form

Name of Unit \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Child's Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_ Phone/Cell \_\_\_\_\_

Person Contacted/Title \_\_\_\_\_

1. Describe the nature and extent of suspected abuse or neglect (include location of injury/marks/bruises and mark the exact location of injury on the back of this form):

2. Comments and/or explanation by child (include dates and who was told):

3. History of prior injuries, if known (include dates and description, if possible):

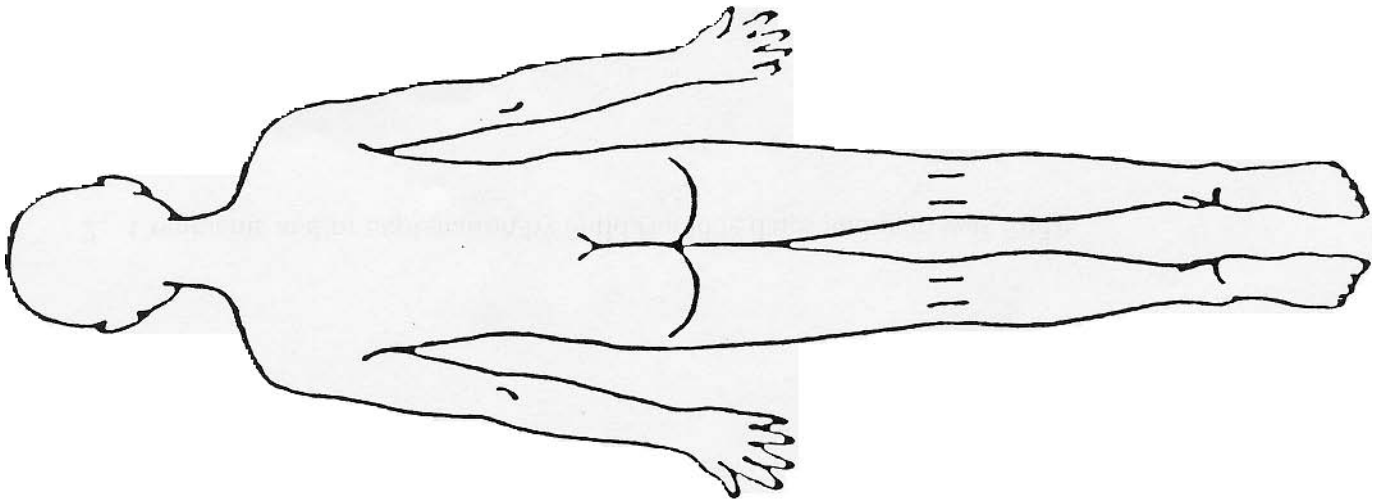
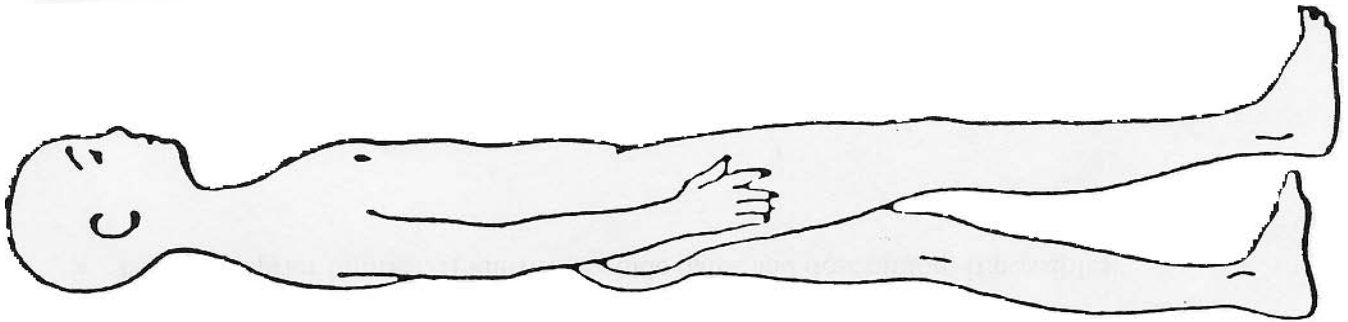
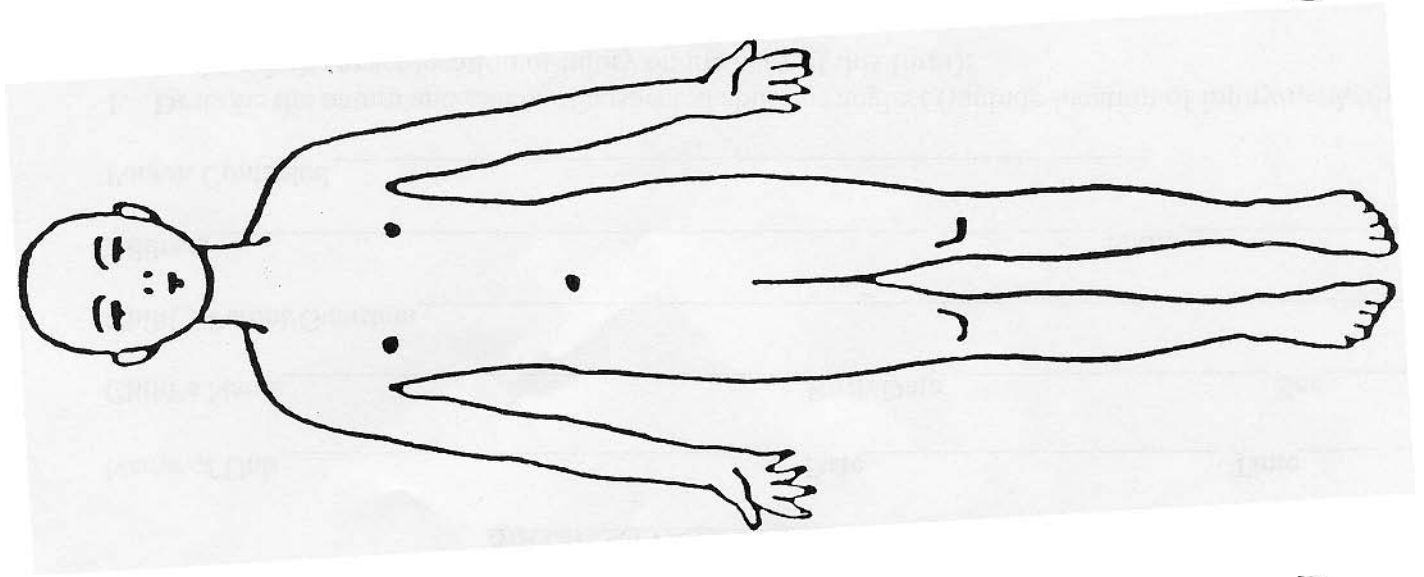
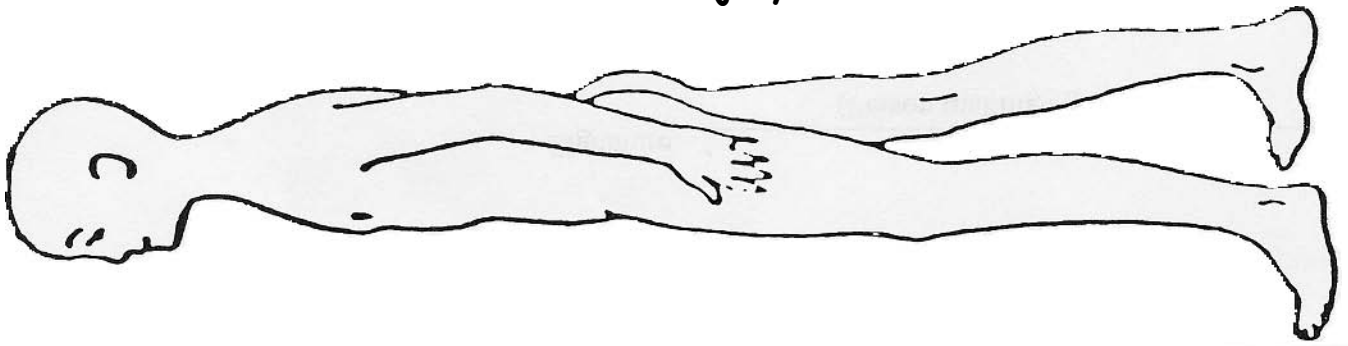
4. Additional Comments:

Signature \_\_\_\_\_

Person making report/title

Copy: Family Services Manager

Mark the exact location of the injury on this sheet.



## Family Service Coordinator's Child Abuse/Neglect Report

Name of Unit/Teacher/Class \_\_\_\_\_ Date of This Report \_\_\_\_\_

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Child's Parent/Guardian \_\_\_\_\_ Phone/Cell \_\_\_\_\_

Date of reported Abuse/Neglect \_\_\_\_\_ Person making report \_\_\_\_\_

Abused condition: (Please be specific in your documentation)

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Person Contacted \_\_\_\_\_ Phone \_\_\_\_\_

### **Follow-up Telephone/Personal Conversation Relating to Report:**

Telephone/Personal Conversation:

Date \_\_\_\_\_ Time \_\_\_\_\_ Person Contacted \_\_\_\_\_

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Telephone/Personal Conversation:

Date \_\_\_\_\_ Time \_\_\_\_\_ Person Contacted \_\_\_\_\_

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Telephone/Personal Conversation:

Date \_\_\_\_\_ Time \_\_\_\_\_ Person Contacted \_\_\_\_\_

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