

**Dolores School District RE-4A  
Child Abuse/Neglect Report Form**

**VICTIM:**

Child's Name: \_\_\_\_\_ Sex: M F DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Race: \_\_\_\_\_  
Address: \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_  
Address (if different than child's): \_\_\_\_\_  
Phone: (w) \_\_\_\_\_ (h) \_\_\_\_\_  
Other children in the home: \_\_\_\_\_  
\_\_\_\_\_

**REFERRING PRINCIPAL:**

Principal's Name: \_\_\_\_\_  
School: \_\_\_\_\_  
Position of Person Making Referral: \_\_\_\_\_

Date: \_\_\_\_\_

School Phone: \_\_\_\_\_

**ALLEGED PERPETRATOR:**

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Reason for Report: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physical abuse \_\_\_\_\_ Neglect \_\_\_\_\_ Educ. Neglect \_\_\_\_\_ Sex Abuse \_\_\_\_\_ Emotional Abuse \_\_\_\_\_

**REPORTING REQUIREMENTS:**

Principal notified: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Dept. of Social Services notified: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Were police involved? Yes \_\_\_\_\_ No \_\_\_\_\_ Officer's Name: \_\_\_\_\_

**Filing Information:**  
Original to Principal  
Copy to School Nurse  
Copy to Social Services

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**Child Abuse/Neglect – Report Verification**

Student: \_\_\_\_\_ Initial Reporter: \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_ reported to \_\_\_\_\_ (School Liaison)  
Date \_\_\_\_\_ Time \_\_\_\_\_ reported to \_\_\_\_\_ Principal  
Date \_\_\_\_\_ Time \_\_\_\_\_ reported to \_\_\_\_\_ at Social Services/Law Enforcement  
Name of person taking report

Distribute verification section within one working day to initial reporter and principal.