

Report of Suspicion of Child Abuse or Neglect

Jefferson County Schools

To be used for reporting suspected child abuse or neglect. Should be completed by the employee who is in contact with the child. A copy of this complaint should be filed with the building administration. **Policy 6.409**

Child's Name _____ Child's Age _____

School / Work Site _____

Child's Parent(s) Name _____

Parent's Address _____
(Apt. /Street / Box Number) (City) (Zip)

Home Phone _____ Date Suspicions Occurred _____ Report Date _____

Nature and Extent of the Abuse (Provide a detailed account of the suspected abuse, using an exact recitation of words used, and other details regarding this report. Use additional pages as needed.)

Please provide any evidence or other information that relates to the cause or extent of the abuse or neglect.

I reported this information to the Juvenile Judge at 397-2705. _____
(Time and Date of Call)

I reported this information to the office of the Chief of Police or Sheriff's Department where child resides (SRO if applicable).

Action taken by SRO _____
(Time and Date of Action Taken)

I reported this information to the Department of Children's Services at 1-877-237-0026 _____
(Time and Date of Call)

(Signature of Reporter*)

(Date)

One of the above agencies MUST be notified.

1 copy to Immediate Supervisor
1 copy to Retained by Employee

* The person reporting shall be immune from liability (TCA 37-1-409) and his identity shall remain confidential except when the juvenile court determines otherwise. (TCA 37-1-408)