

Nye County School District

SUSPECTED CHILD ABUSE/NEGLECT REPORT FORM

(To be **Completed by Mandatory Reporter**, in conjunction with verbal phone call report, and **Returned to Site Administrator**)

Please print or type. Fill out as completely as possible. Do not delay submission due to lack of all requested information.

REPORTING PARTY	NAME OF MANDATORY REPORTER				TITLE							
	REPORTER'S SITE OF EMPLOYMENT School Name & Street Address				CITY & ZIP CODE							
	DID MANDATORY REPORTER WITNESS THE INCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO				SIGNATURE							
REPORT NOTIFICATION	<input type="checkbox"/> CPS (Child Protective Services)		AGENCY CONTACTED									
	or <input type="checkbox"/> LAW ENFORCEMENT (NYE COUNTY SHERIFF'S OFFICE)		Phone # used:		City		DATE/TIME OF PHONE CALL					
	OFFICIAL CONTACTED - NAME / TITLE											
VICTIM One report per victim	NAME (LAST, FIRST, MIDDLE)			BIRTHDATE OR APPROX. AGE		GENDER	ETHNICITY					
	ADDRESS Street			City		Zip		TELEPHONE				
	PRESENT LOCATION OF VICTIM			SCHOOL		CLASS		GRADE				
	PHYSICALLY DISABLED? <input type="checkbox"/> YES <input type="checkbox"/> NO		DEVELOPMENTALLY DISABLED? <input type="checkbox"/> YES <input type="checkbox"/> NO		OTHER DISABILITY (SPECIFY)		PRIMARY LANGUAGE SPOKEN IN HOME					
	IN FOSTER CARE? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF VICTIM WAS IN OUT-OF-HOME CARE AT TIME OF INCIDENT, CHECK TYPE OF CARE: <input type="checkbox"/> DAY CARE <input type="checkbox"/> CHILD CARE CENTER <input type="checkbox"/> FOSTER FAMILY HOME <input type="checkbox"/> FAMILY FRIEND <input type="checkbox"/> GROUP HOME OR INSTITUTION <input type="checkbox"/> RELATIVE'S HOME				TYPE OF ABUSE (CHECK ONE OR MORE) <input type="checkbox"/> PHYSICAL <input type="checkbox"/> MENTAL <input type="checkbox"/> SEXUAL <input type="checkbox"/> NEGLECT <input type="checkbox"/> OTHER (SPECIFY)					
	RELATIONSHIP TO SUSPECT			PHOTOS TAKEN? <input type="checkbox"/> YES <input type="checkbox"/> NO								
INVOLVED PARTIES	VICTIM'S SIBLINGS	NAME		BIRTHDATE	GENDER	ETHNICITY	NAME		BIRTHDATE	GENDER	ETHNICITY	
		1.					3.					
		2.					4.					
	VICTIM'S PARENTS/GUARDIANS	NAME (LAST, FIRST, MIDDLE)			BIRTHDATE OR APPROX. AGE		GENDER	ETHNICITY				
		ADDRESS Street			City		Zip		HOME PHONE		BUSINESS PHONE	
		NAME (LAST, FIRST, MIDDLE)			BIRTHDATE OR APPROX. AGE		GENDER	ETHNICITY				
		ADDRESS Street			City		Zip		HOME PHONE () -		BUSINESS PHONE () -	
	SUSPECT	SUSPECT'S NAME (LAST, FIRST, MIDDLE)			BIRTHDATE OR APPROX. AGE		GENDER	ETHNICITY				
		ADDRESS Street			City		Zip		TELEPHONE () -			
		OTHER RELEVANT INFORMATION										
INCIDENT INFORMATION	IF NECESSARY, ATTACH EXTRA SHEET(S) OR OTHER FORM(S) AND CHECK THIS BOX <input type="checkbox"/>											
	DATE / TIME OF INCIDENT				PLACE OF INCIDENT							
	NARRATIVE DESCRIPTION (What victim(s) said/what the Mandatory Reporter observed/what person accompanying the victim(s) said/similar or past incidents involving the victim(s) or suspect)											

Child Protective Services

Pahrump (775) 727-8497

Fallon (775) 423-8566

Nye County Sheriff's Office

Pahrump (775) 751-7000

Beatty (775) 553-2345

Tonopah (775) 482-8101