

SEASIDE SCHOOL DISTRICT

CONFIDENTIAL CHILD ABUSE/NEGLECT REPORTING REFERRAL

Person initiating the referral **MUST**: Report incident **IMMEDIATELY** by telephone to law enforcement agency or County Hotline for Dept. of Human Services Child Welfare (DHS) child abuse reporting at 1-877-302-0077.

ALLEGED VICTIM: Special Accommodations Needed? (Y/N) Native American? (Y/N) Spanish Speaking? (Y/N)

Last Name First Name Age Date of Birth M F

School Grade

PARENT/GUARDIAN: _____

Last Name First Name MI

Address Phone Number

INFORMATION GATHERED BY: Name _____ Position _____

REPORTED TO: (Indicate which agency)

Department of Human Services Child Welfare (DHS) Involvement:

Date: _____ Time: _____ Name of Contact at DHS: _____

Law Enforcement Agency Involvement:

Date: _____ Time: _____ Name of Officer: _____

Was child taken into protective custody? _____ Yes _____ No

Signature of Law Enforcement/DHS Worker taking child: _____

Did you ask if you could contact parents? _____ Yes _____ No _____ N/A

Did you ask to sit in on the interview with the child? _____ Yes _____ No _____ N/A

(Notification of parent is responsibility of DHS/LEA)

Date and Time of Alleged Abuse _____

Nature and Extent of Alleged Abuse _____

Identity of Alleged Perpetrator (if known) _____

Other Pertinent Information _____

Person who made the call: _____

Signature

Date

Principal: _____

Signature

Date

DO NOT FILE IN CHILD'S SCHOOL RECORD (Send original to the Superintendent at the District Office)

Copy to the Superintendent IMMEDIATELY if alleged perpetrator is an employee or volunteer.