**Washougal School District**

**CHILD ABUSE AND NEGLECT REPORT FORM**

Incident must be reported immediately or as soon as possible, but no later than 48 hours, to C.P.S. at (866-764-2233).

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| **PARENT(S) / GUARDIAN(S) IDENTIFICATION**                          | Name of CPS Contact:       |
| Last Name:       | First:       | Middle:       | Date of CPS Report:       |
| Address:       | City:       | Phone:            | Time of CPS Report:       |
| **ALLEGED VICTIM** | **Type of Child Abuse** (Check all that apply): |
| Last Name | First | M.I. | D.O.B | M/F | Grade | Spec. Ed Y/N | [ ]  Physical Abuse |
|       |       |   |       |   |    |       | [ ]  Neglect |
|       |       |   |       |   |    |       | [ ]  Sexual Abuse |
|       |       |   |       |   |    |       | [ ]  Medical Neglect |
|       |       |   |       |   |    |       | [ ]  Emotional Neglect/Abuse |
|       |       |   |       |   |    |       | [ ]  Sexual Exploitation |
| **OTHER CHILDREN IN FAMILY** | [ ]  Other (explain/describe):       |
| Last Name | First | D.O.B. | M/F | School | Grade |
|       |       |       |   |       |       |
|       |       |       |   |       |       |
|       |       |       |   |       |       | Police Involvement: [ ] Yes [ ] No |
|       |       |       |   |       |       | Officer’s Name:       |
| **REPORTER’S IDENTIFICATION** | Child taken into protective custody: [ ]  Yes [ ]  No |
| Name of Reporter:       |
| [ ]  Principal | [ ]  Teacher | [ ]  Counselor | [ ]  Classified Staff |  |

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| **ALLEGED PERPETRATOR IDENTIFICATION** |
| Relationship to Victim: |
| [ ]  Parent | [ ]  Foster Parent | [ ]  School Staff | [ ]  Third Party |
| [ ]  Relative | [ ]  Daycare | [ ]  Group Home | [ ]  Other:       |
| Last Name:       | First Name:       |
| Address:       | City:       | State:       | Zip:       |
| Telephone Number:       | Access to Child: [ ]  Yes [ ]  No |

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| SPECIFIC ALLEGATIONS: Please be detailed and factual (where, when, source of information, etc.):  |

**DO NOT FILE IN CHILD’S SCHOOL RECORD**

**Washougal School District**

**CHILD ABUSE AND NEGLECT REPORT FORM, page 2**

|  |  |
| --- | --- |
| Reporter’s Signature: | Principal’s Signature: |
| Date: | Date: |
| Copy to: [ ]  Administrator [ ]  Counselor [ ]  Copy mailed to: Child Protective Services PO Box 9809 Vancouver, WA 98666-8809 [ ]  Washougal SD Title IX Officer (Please send under confidential cover) |