**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).

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 | | | | | |  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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) | |