

**PERRY PUBLIC SCHOOLS
SUSPECTED CHILD ABUSE or NEGLECT REPORT**

CONFIDENTIAL----Confidential----**CONFIDENTIAL**----Confidential----**CONFIDENTIAL**

Date of Report: _____ Time of Report: _____ School: _____ Grade: _____

Child's Name: _____ Date of Birth: _____

Parent/Guardian Name & Address: _____

**A copy of this suspected child abuse or neglect report is to be filed with
the Superintendent of Schools.**

Describe the nature and extent of the child's potential abuse or neglect, including any evidence of previous abuse or neglect: _____

Supply any other information that might be helpful in establishing the cause of the potential abuse or neglect: _____

Describe the nature and extent of the child's dependence on a controlled substance (if applicable): _____

Name of suspected perpetrator(s) (if known): _____

DHS intake worker receiving the phone report: _____ Case # given: _____

Signature of Principal _____

Signature of Person Filing Report ***OPTIONAL***
(The person filing the report may remain anonymous.) _____