

CHILD PROTECTION/SUSPICION OF ABUSE REPORT

Date: _____

Time: _____

Full Name of Student: _____

Student's Date of Birth: _____

School: _____

Nature of Concern: Neglect Physical Sexual Emotional

Description of Injury: (if physical, include size, shape, color, location on body – see *diagram on reverse side of page*)

Description of Incident: (include direct quotes)

Description of Student's Health or Behaviour: (include drastic changes, chronic problems, relevant artwork or acting out)

Signature

- Original document
- School division copy

Full Name of Student: _____ Gender: _____

Name of Custodial Parent(s)/Guardian(s) (indicate P or G)

Names and Ages of Siblings: _____

Address: _____

Telephone Number: _____

Name and Address of Individual(s) disclosed as (d) or suspected of (s) causing incident (if known):

PHYSICAL LOCATION OF INJURY

