

CHILD ABUSE/NEGLECT REPORTING FORM

Hannahville Indian Community

Social Services Department

Total # of children in the family: _____

REPORTER INFORMATION

Name:	Address:	Phone:	Relationship to child:

ALLEGED VICTIM(S) *Please list all children in the home. Attach additional sheets if necessary

Name:	Name:	Name:	Name:
D.O.B.:	D.O.B.:	D.O.B.:	D.O.B.:
Age:	Age:	Age:	Age:
Sex:	Sex:	Sex:	Sex:
Race:	Race:	Race:	Race:
Tribal Affiliation:	Tribal Affiliation:	Tribal Affiliation:	Tribal Affiliation:
School:	School:	School:	School:
Grade:	Grade:	Grade:	Grade:
Parents/Custodian:	Parents/Custodian:	Parents/Custodian:	Parents/Custodian:
Address:	Address:	Address:	Address:
Phone:	Phone:	Phone:	Phone:

DESCRIPTION OF ABUSE/NEGLECT (_____ Please see attachment(s) with additional information)

Related Factors: Alcohol Drugs D.V. Housing Utilities Food Medical Dental Pregnancy Concerns No Prenatal Care Unsupervised Child Found Other:

ALLEGED PERPETRATOR(S)

Name:	Race:	D.O.B.:	Tribal Affiliation:	Address:	Phone:	Relationship to Victim(s)

 Date: _____ Time: _____ am/pm
 Signature of Reporter OR received by: _____ on Office Phone _____ CPS Cell _____ Fax _____ E-mail