



SUSPECTED CHILD ABUSE REPORT

To Be Completed by Mandated Child Abuse Reporters

Fax to-1-501-618-8952

*** INDICATES MANDATORY FIELDS**

***Note That this form is to be used for non-emergency use only**

This form can also be found on

www.arkansas.gov/reportARchildabuse/laws.html

Reporting party	*Name of Reporter		Title	
	Reporters Address			
	Street	City	ZIP	
	*Phone Number & Fax #		*Date of Report	
*Did Mandated Reporter witness the incident? YES <input type="checkbox"/> NO <input type="checkbox"/>				
Victim Information	Name (last, first, middle)		DOB or Approx age	Sex - Race
	Address	Street	City	ZIP
	*Present location of the victim			School or Daycare
	Relationship to alleged Offender		Child in Foster Care?	
YES <input type="checkbox"/> NO <input type="checkbox"/>				
#2 VIC	Name (Last, first, middle)		DOB or Approx age	Sex

DEMOGRAPHIC ROLES:

A/V = Alleged Victim
A/O = Alleged Offender
PFRC = Person Responsible for Care (of the victim child)
Sibling = Sibling to the victim child
Other Person = A person living in the home
With the victim child not already mentioned

#1	Name	Race	Sex
	Role in Referral	Address	Age/DOB
#2	Name	Race	Sex
	Role In Referral	Address	Age/DOB
#3	Name	Race	Sex
	Role in Referral	Address	Age/DOB
#4	Name	Race	Sex

Role in Referral		Address		Age/DOB	
#5	Name		Race		Sex
Role in Referral		Address		Age/DOB	
Incident Information	Date/time of incident		Place of incident		
	Narrative- Please include the following: What Happened; Who Did It?; Does the child have injuries now? When was the child last seen and by whom? ; Safety Concerns; Any Drug Use? Where is child now?				