

HCS D DCFS REPORTING FORM

DATE: _____

REPORTING PARTY: _____

TIME: _____

SCHOOL: _____

STUDENT NAME: _____

PHONE NUMBER: _____

DATE OF BIRTH: _____

ADDRESS: _____

GRADE: _____

TYPE OF ABUSE:

() **PHYSICAL** () **NEGLECT** () **SEXUAL**

NAME OF ALLEGED SUSPECT: _____

() **EMOTIONAL** () **OTHER:** _____

LOCATION OF INCIDENT: _____

PARENT/GUARDIAN(s) OR OTHERS LIVING IN THE HOME:

<u>NAME</u>	<u>PHONE NUMBER</u>	<u>WORKPLACE</u>	<u>NAME</u>	<u>PHONE NUMBER</u>	<u>WORKPLACE</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

OTHER CHILDREN LIVING IN THE HOME:

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>AGE</u>	<u>NAME</u>	<u>RELATIONSHIP</u>	<u>AGE</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

BRIEF NARRATIVE OF INCIDENT AND ANY PERTINENT INFORMATION: (ATTACH ADDITIONAL DOCUMENTS IF NECESSARY)

INCIDENT REPORTED TO FOLLOWING AGENCY:	<u>PHONE #</u>
DIVISION OF CHILD AND FAMILY SERVICES	623-6555
WINNEMUCCA PD DISPATCH	623-6396

SIGNATURE: _____