

SUSPECTED CHILD ABUSE "FAX" REPORT

FAX #'s (858) 694-5240; (858) 694-5241; (858) 694-5469; (858) 694-5725

1. Name/Title: _____ Phone: _____ Callback Hours: _____

Agency: _____ Address: _____

1 INCIDENT INFORMATION

2. Date/Time of Incident: _____ Location of Abuse & City _____

Type of Abuse: ☐ Mental/Emotion ☐ Sexual Assault ☐ Neglect ☐ Other

If Child Was in Out-of-Home Care, Check Type: ☐ Day Care ☐ Foster Care ☐ Group Home or Institution

VICTIM

3. Name: _____ Sex: _____ Birthdate: _____ Ethnicity (Eth): _____ Language (Lang): _____

Address: _____ Phone: _____

Present Location of Child: _____ Phone: _____

Name of Child's School/Day Care Provider: _____ Hours of Attendance: _____

1.1 SIBLINGS

4. Names Sex Birthday Eth Lang Names Sex Birthday Eth Lang

Address of Siblings: _____ Phone: _____

PARENTS/STEPPARENTS AND OTHERS IN THE HOME

5. Name Sex Birthday Eth Lang Name Sex Birthday Eth Lang

Address: _____ Address: _____

Phone: _____ Address: _____

1.2 ALLEGED PERPETRATOR

6. Name: _____ Sex: _____ Birthdate: _____ Ethnicity: _____ Language: _____

Address: _____ Phone: _____ Relationship to Victim: _____

7. Fully Describe the Nature and Extent of the Abuse (including statements of child and/or caretaker and relevant history): _____

Signature of Reporting Party

Date of Report

Phone