



# Child Abuse and Neglect Report & Child Protection Services Referral Form

DCYF Region 3 Intake: 1-866-829-2153

E-Mail: dcyfdlr3intakereferrals@dcyf.wa.gov

CPS Fax Number: 425-513-2553

Mail: 8625 Evergreen Way, Suite 250, Everett, WA 98208

Whatcom County Sheriff: 360-676-6650 or 360-676-6911

Name: \_\_\_\_\_  
*Last First Initial*

Female  
 Male

Address: \_\_\_\_\_  
*Street Name City State Zip Code*

Birth Date: \_\_\_\_\_  
*Month Day Year*

Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_

Parent/Guardian #1: \_\_\_\_\_  
*Name Relationship*

Parent/Guardian #2: \_\_\_\_\_  
*Name Relationship*

Others in home \_\_\_\_\_  
(Name & Age) \_\_\_\_\_

Please check type of abuse being reported:

- Physical Injury     
  Neglect     
  Sexual Abuse     
  Maltreatment  
 Sexual Exploitation     
  Other \_\_\_\_\_

State nature and extent of current injuries, neglect, maltreatment, sexual abuse and/or sexual exploitation:

Evidence of previous injuries and other relevant information:

Report Made To: \_\_\_\_\_  
*Name Agency Date Time*

Report Made By: \_\_\_\_\_  
*Name School Signature Date*

Building Principal: \_\_\_\_\_  
*Name Signature Date*

Parent/Guardian needs to be notified:  Yes  No  
Date and time notified: \_\_\_\_\_

Parent /Guardian notified:  Yes  No  
Notified by: \_\_\_\_\_

Action Taken: \_\_\_\_\_

Disposition/Copy: 1. CPS / Law Enforcement      2. Superintendent      3. Principal or Designee

Child Abuse and Neglect Report Policy #3421

Revised: 11/19/2019