

**CHILD ABUSE IN AN EDUCATIONAL SETTING
CONFIDENTIAL REPORT OF ALLEGATION**

SUBJECT CHILD	PARENT OF SUBJECT CHILD
Name _____ Last First MI	Name _____
Address _____ _____	Address (if different) _____ _____
School _____	
Grade _____ Sex (M, F, Unknown) _____	
Age or Birthday (Mo/Day/Yr) _____	

SOURCE OF ALLEGATION (Check as Appropriate)

Child Parent Other - Name _____ Relationship to Child (if any) _____

ALLEGED PERPETRATOR (EMPLOYEE OR VOLUNTEER)

Name _____ School District _____
School Building _____ School Position _____

SPECIFIC ALLEGATION

Use this space to provide information to describe or explain the circumstances surrounding the allegation.
(attach additional sheets if necessary)

REPORTER INFORMATION

Name _____ School District _____
School Address _____ School Telephone _____
Relationship to Child (if any) _____

- Teacher School Guidance Counselor School Nurse School Psychologist
 Administrator School Board Member School Social Worker
 School personnel required to hold teaching or administrator license or certification

Date Submitted to Administrator ____/____/____/ Signature _____

FOR ADMINISTRATOR USE ONLY

Reasonable Suspicion ____ Yes ____ No

Date Submitted to Superintendent ____/____/____

Name/Signature _____

Date Submitted to Law Enforcement ____/____/____

Name/Signature _____

FOR SUPERINTENDENT OF SCHOOL USE ONLY

Reasonable Suspicion ____ Yes ____ No

Date Submitted to Law Enforcement ____/____/____

Name/Signature _____

Date Submitted to Commissioner ____/____/____

Name/Signature _____