

Suspected Child Abuse/Neglect Report
School District of Fall Creek

This is a **CONFIDENTIAL REPORT** made in good faith by a faculty or staff member of the School District of Fall Creek, 336 E. Hoover Ave., Fall Creek, WI 54742.

This report should be kept in a secure location and should only be released under provisions specified by Wisconsin State Statute 48.981. When released, in most circumstances, the name of the person who made the report should not be released. This report should be kept in accordance with Child Abuse Reports described in Wisconsin State Statutes 48.981 and 118.125.

Victim of Suspected Abuse and/or Neglect

Student Name: _____ **Date of Birth:** _____ **Phone:** _____
(Last Name, First Name Middle Initial)

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Parent/Guardian Information (Write "Unknown" to all info. not known)

Parent 1 Name: _____ **Phone:** _____
(Last Name, First Name)

Suspect of Abuse/Neglect?
(Check One)

Yes **No**

Parent 2 Name: _____ **Phone:** _____
(Last Name, First Name)

Suspect of Abuse/Neglect?
(Check One)

Yes **No**

Address: _____ **City:** _____ **State:** _____ **Zip:** _____
(If Different Than Suspected Victim) Address is for Parent 1 Address is for Parent 2

Siblings/Other Children in Household Information (Write "Unknown" to all info. not known)

Name: _____ **Date of Birth:** _____ **Grade or Age:** _____

Name: _____ **Date of Birth:** _____ **Grade or Age:** _____

Name: _____ **Date of Birth:** _____ **Grade or Age:** _____

Name: _____ **Date of Birth:** _____ **Grade or Age:** _____

Person Suspected Responsible for Abuse and/or Neglect (If different than Parent 1 or Parent 2)

Name: _____ **Date of Birth:** _____ **Phone:** _____
(Last Name, First Name)

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Department of Human Services Contact Record

Intake Worker who Took Report: _____ **Date:** _____ **Time:** _____

Number of Contact Attempts Before Actual Contact with Intake Worker: _____

****ATTACH ALL FOLLOW-UP CONTACT WITH DHS TO THIS REPORT****

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Student Name: _____ **Grade:** _____ **Date of Report:** _____
(Last Name, First Name Middle Initial)

Nature and extent of the injury and/or conditions of the child:

Circumstances surrounding the suspected abuse and/or neglect:

Check One

End of Report Continued on Next Page

Report Made By: _____ **Date:** _____

Signature: _____ **Date:** _____