



SCHOOL DISTRICT OF FORT ATKINSON
REPORT OF SUSPECTED CHILD ABUSE OR NEGLECT

CHILD'S NAME _____ DATE OF BIRTH _____ AGE _____

HOME ADDRESS _____ PHONE _____

SCHOOL ATTENDED _____ GRADE _____

PARENT/GUARDIAN _____ PHONE _____

PARENT PLACE OF EMPLOYMENT _____ PHONE _____

DATE AND TIME OF ALLEGED INCIDENT (IF KNOWN) _____

OTHER SIBLINGS AND/OR SCHOOL AGE CHILDREN RESIDING IN RESIDENCE (IF KNOWN) _____

REPORTED BY _____ POSITION _____ PHONE _____

1. Reasons for abuse/neglect suspicion (Include statements others made to you, noticeable physical injuries should be explained in detail).

(Use OTHER SIDE if more room is needed)

2. Child's explanation of injury or situation (Include statements of child, statements allegedly made by the child to others and any surrounding circumstances and conditions in the home which the reporter is aware).

3. Action taken by school:

IMPORTANT! NAME OF AGENCY PERSON you reported info to:

Name of agency reported to:

() Jefferson County Human Services

(date)_____ (time)_____

() Fort Atkinson Police Dept.

(date)_____ (time)_____

() Other Agency

(date)_____ (time)_____

4. Additional comments:

Signature of Reporter (OPTIONAL)

Date of Report

If any information documented on this form was not communicated to JCHS, the employee in the administrator or administrator's designee presence will call JCHS back and review the additional information.

PLEASE SUBMIT THIS FORM TO THE BUILDING PRINCIPAL OR DESIGNEE AND SEND COPY TO
DISTRICT ADMINISTRATOR