Child Abuse/Neglect Reporting Form (CONFIDENTIAL)



Centralized Screening Phone No.: 1-800-663-9122 / Telephone Device for the Deaf (TDD): 1-866-660-0505

School/Facility Name:	Date:	DD-MM-YY	Time:	
		22		
1. Record of the Verbal Report				
Name of Person You Reported To:	Position:	Cor	ntact No.:	
2. Student Information				
Name of Student:	Date of Birth: Age:			
	Disabilities and/or Diverse Abilities (if applicable):			
Student's Home Address:				
Name of Classroom or Homeroom Teacher:				
Name(s) of Legal Guardian(s):				
	ss: Contact No(s).:			
Siblings (if known):				
Name:	Age:	School:		
1.				
2.				
3.				
4.				
3. Abuse/Neglect Information (additional space on pg. 2 if	required)			
Provide information from the student's disclosure, or your reasons to believe the student has been or is likely to be abused (i.e., conversations, writings, drawings, or artwork that supports the report, events, observations, or circumstances):				
4. Child Protection Social Worker (CPSW) Information (additional space on pg. 2 if required)				
Document any information that the CPSW shared with	you:			

Additional Information (if applicable)				
Provide additional pertinent information if applicable:				
Signature:				
Name of Reporting Person:		Signature:		
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REPORTING FORM INSTRUCTION:

- 1. Secure the original copy of the report for yourself (including supporting notes and documents) in a secure and confidential place. Do not share this confidential information with anyone other than the CPSW, the police, or as required by law.
- 2. Give a copy of the Child Abuse/Neglect Reporting Form in a sealed envelope marked 'CONFIDENTIAL' to the school principal who will report to the Director of Instruction, Student Services.
- 3. If the suspected abuser is a school administrator, immediately report to the Superintendent, or the Director of Instruction, Human Resources, and give a copy of the Child Abuse/Neglect Reporting Form in a sealed envelope marked 'CONFIDENTIAL' to the Superintendent at the Board of Education Office.