

North Kitsap School District

Suspected Abuse/Neglect Report Form

Following an oral report to Child Protective Services, the reporting staff member shall complete this form which will be sent to CPS and the building administrator. A copy of this report shall be kept in a confidential file in the administrator's office.

Student's Name _____ Date of Birth _____

Sibling Name(s) and Date(s) of Birth _____

Address _____ Phone _____

Parent's/Guardian's Name _____

Address _____ Phone _____

Written report mailed () faxed () on _____
Date

Reporter's Observations:

Check type of abuse being reported:

- () Physical Injury () Sexual Abuse
() Physical Neglect () Other (Specify)

Brief description of observations leading to report (include any information student states).

State any evidence of previous injuries:

Oral report made on _____ to CPS Caseworker _____
Name

Reporter's Name _____ Position _____

School Name _____ Phone _____

Written report to principal _____ on _____
Name Date

Signature _____

Child Protective Services
3423 6th Street
Bremerton, WA 98312

Phone Numbers:
Daytime: 1-800-762-4902
After Hours: 1-800-562-5624
Fax: 360-475-3499