

Confidential

Suspected child abuse report

Date _____ fss/fdc/ccc/ Staff Member _____

Child(ren) _____ DOB _____

Address: Phone _____

Brief outline of problem

Caregiver's observation:
(if appropriate)

Staff member's observations:
(marks on body if appropriate)

Other relevant information

Discussed with:

Action planned:
(including referral information)
