Sumner School District #320
1202 Wood Avenue
Sumner, WA 98390

Child Abuse and Neglect Report

School _____ **Date** _____

Following the oral report to Children's Protective Services 1.800.422.7517 (toll free) or 253.983.6100 (local), or Law Enforcement agency, the reporting staff member shall complete this form in quadruplicate. Copies shall be sent to Children's Protective Services, retain one copy in building, the initiator shall retain a copy, and the fourth copy shall be sent to the Superintendent's office.

Child _____ **Boy** ☐ **Girl** ☐ **Age** _____ **Birthdate** _____
(Legal) Last Name, First Name, Initial

_____ _____
Address **City** **State** **Zip** **Telephone**

With whom does child live? Both Parents ☐ Father ☐ Mother ☐ Other ☐ _____

Name of parents or guardian: Father _____ Mother _____

Check the appropriate space indicating the type of abuse:

☐ physical injury ☐ sexual abuse
☐ physical neglect ☐ other (specify) _____
☐ physical abuse

State the nature and extent of the alleged abuse and other information which may be helpful in establishing the child's status. Include date(s), if known.

_____
_____
_____
_____

Identify the alleged offender(s) (name, address and phone number):

_____ _____ _____
Name Address Phone Number

Verbal report made on _____ To: _____ - CPS Intake Person
_____ - Person Filling Report
_____ - Principal/Supervisor
_____ - CPS Case Worker

_____
Signature by CPS or law enforcement officer when applicable.

Cc: CPS, Building, Initiator, Superintendent