

METROPOLITAN SCHOOL DISTRICT OF WAYNE TOWNSHIP
1220 S. High School Road
Indianapolis, IN 46241

Revised 09/29/21

REPORT OF SUSPECTED CHILD ABUSE OR NEGLECT

The following report is made in compliance with Public Law 135, Acts of 1978, which provides for the protection of abused or neglected children. I am acting in good faith on behalf of the child(ren) named below. I understand that the information provided will be treated as confidential.

Oral Report to Division of Child Services: Date: _____ Time: _____

Name of person from DCS Accepting Report: _____

Reporter's Basis for Making the Report:

- ☐ Witnessed Alleged Incident ☐ Told by Third Party ☐ Observed by Physical Evidence
☐ Told by Child ☐ Suspicion ☐ Other _____

Individual Filing Report: _____ Title: _____

School Name: _____

School Address: _____ Zip Code: _____

School Phone Number: _____ School Hours: _____

Initials of Individual Originally Reporting Suspicion: _____ Date: _____

INSTRUCTIONS FOR REPORTING

Oral Report: Professional Hotline - 1-800-800-5556

FAX Report: (317) 234-7595 or (317) 234-7596

E-mail: DCSHotlineReports@dcs.in.gov

Written Report: **Original to:** Assistant Superintendent for Secondary/Elementary Education
Duplicate to: Principal's Confidential File

Case Manager Assigned: _____ Phone: _____

Screened Out: _____ Investigated: _____ Report Received From DCS: _____

Home: _____

CHILD OF CONCERN INFORMATION

Name: _____ School: _____

Age: _____ Date of Birth: _____ Gender: _____ Race: _____

Primary Address: _____ Zip Code: _____

Who is caring for the child? _____ Phone: _____

Does the child need medical treatment? _____

If so, is the child currently receiving medical treatment? _____

If so, where? _____ How often? _____

Is there anything we need to know about the child regarding: _____

Known Disability _____ Medication _____ McKinney Vento _____ Foster Youth _____ Newcomer _____

Student and/or family member/caregiver speaks another language: _____

SAFETY ISSUES

Are there any weapons in the home? If so, indicate type, if known: _____

Are there any animals in the home that may pose a danger to a worker? _____

Does anyone in the home have a communicable disease? Contagious? _____

Have the police been called to the home? If so, was anyone arrested/charged? _____

How would contact impact the non-offending caretaker? _____

Have there been any threats of kidnapping or extreme violence up to and including death? _____

Are any family members involved in any criminal activity? _____

Is the home in a remote area? If so, indicate where. _____

OTHER CHILDREN IN THE HOME

Name: _____	Age: _____
Date of Birth: _____	Gender: _____ Race: _____
School: _____	School Address: _____
School Hours: _____	School Contact Person: _____

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Date of Birth: _____	Gender: _____ Race: _____
School: _____	School Address: _____
School Hours: _____	School Contact Person: _____

Name: _____	Age: _____
Date of Birth: _____	Gender: _____ Race: _____
School: _____	School Address: _____
School Hours: _____	School Contact Person: _____

PARENT / GUARDIAN / CUSTODIAN OF CHILD CONCERN INFORMATION

Name (Aliases): _____

Address: _____ Zip Code: _____

Telephone Numbers: Home: _____ Work: _____ Cell: _____

Does the parent / guardian / custodian know about this call? _____

Are there behavioral issues we should know about? _____

<input type="checkbox"/>	Substance Abuse	_____
<input type="checkbox"/>	Violence	_____
<input type="checkbox"/>	Mental Health	_____
<input type="checkbox"/>	Criminal History	_____
<input type="checkbox"/>	Child Protection History	_____
<input type="checkbox"/>	General Level of Functionality	_____
<input type="checkbox"/>	Current Stressors	_____

ALLEGED PERPETRATOR INFORMATION

Name (Aliases): _____

Relationship to the child: _____ Age: _____ Date of Birth: _____

Address: _____ Zip Code: _____

Telephone Numbers: Home: _____ Work: _____ Cell: _____

Does the alleged perpetrator have access to the child? _____

When, and how often? _____

Isolated or recurring situation? _____

Are there other children the perpetrator may access? _____

Are there behavioral issues we should know about? _____

<input type="checkbox"/>	Substance Abuse	_____
<input type="checkbox"/>	Violence	_____
<input type="checkbox"/>	Mental Health	_____
<input type="checkbox"/>	Criminal History	_____
<input type="checkbox"/>	Child Protection History	_____
<input type="checkbox"/>	General Level of Functionality	_____
<input type="checkbox"/>	Current Stressors	_____

TYPE OF SUSPECTED ABUSE:

☐ Physical

☐ Sexual

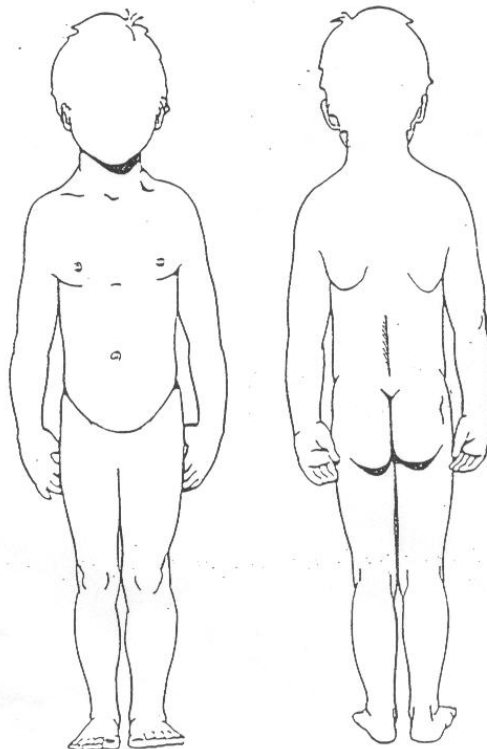
☐ Emotional

☐ Neglect

Date of Incident: _____

Description of Incident:

**HUMAN FIGURES FOR DOCUMENTING PHYSICAL ABUSE
DO NOT EVER SHOW THIS TO, OR ALLOW THE CHILD TO DRAW ON THE PICTURES.
ONLY THE PERSON MAKING THIS REPORT SHOULD MARK PLACES OF INJURY WITH AN "X".**



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