

CARSON CITY SCHOOL DISTRICT
REPORT OF SUSPECTED CHILD ABUSE AND/OR NEGLECT

Appendix 3

Date Reporting Party

Name _____ Birth Date _____

School _____ Teacher _____ Grade _____

Child's Address _____ Date Abuse Disclosed _____

Father _____ Home Phone _____

Address _____ Work Phone _____

Mother _____ Home Phone _____

Address _____ Work Phone _____

Description of Abuse

Alleged Person(s) Responsible for Abuse _____

Date Reported to Sheriff's Office _____

Office/Detective's Name _____

Date Reported to Welfare Office _____

Caseworker's Name _____

Report Submitted by: _____
Signature

Position

Call: Carson City Sheriff's Office: 775-887-COPS (2677)
Child and Family Services: 775-684-1930 (may ask for copy of report to be faxed: 775-687-4903)
Copy to: School Resource Officer
Building Principal
Counselor/Social Worker
School Nurse