CHILD ABUSE AND NEGLECT REPORT FORM

Date_____

Child's
Name_____Age_____Sex_____
Last **(PLEASE PRINT)** First

Address_____School_____Grade____

Name of
Parent/Guardian_____

TYPE OF SUSPECTED ABUSE: [ ] Physical [ ] Emotional [ ] Sexual
[ ] Neglect [ ] Other

Brief Narrative of
Incident:_____

AGENCY TO WHICH INCIDENT HAS BEEN REPORTED:

[ ]_____ Local Office—Child Welfare Program **[ ] Local Police Department**

[ ]_____County Sheriff's Department **[ ] Other_____**

Name of person at agency to whom incident has been reported:

_____

_____ _____
(name of volunteer initiating report) ***(position)***

_____ _____
(name of CE faculty/staff assisting with report) ***(position)***

4-H VOLUNTEER DEVELOPMENT