

1 **Charlo Public School District**

5232F

2  
3 **PERSONNEL**

4  
5 **Charlo Public School District**  
6 **Report of Suspected Child Abuse or Neglect**  
7

8 *Original to: Department of Public Health and Human Services*

9 *Copy to: Building Principal*

10  
11 From: \_\_\_\_\_ Title: \_\_\_\_\_

12  
13 School: \_\_\_\_\_ Phone: \_\_\_\_\_

14  
15 Persons contacted: ☐ Principal ☐ Teacher ☐ School Nurse ☐ Other

16  
17 Name of Minor: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

18  
19 Address: \_\_\_\_\_ Phone: \_\_\_\_\_

20  
21 Date of Report: \_\_\_\_\_ Attendance Pattern:

22  
23 Father: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

24  
25 Mother: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

26  
27 Guardian or  
28 Stepparent: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

29  
30 Any suspicion of injury/neglect to other family members: \_\_\_\_\_

31  
32 Nature and extent of the child's injuries, including any evidence of previous injuries, and any  
33 other information which may be helpful in showing abuse or neglect, including all acts which  
34 lead you to believe the child has been abused or neglected: \_\_\_\_\_

35  
36  
37 Previous action taken, if any: \_\_\_\_\_

38  
39  
40 Follow-up by Department of Public Health and Human Services (DPHHS to complete and return  
41 copy to the Building Principal):

42  
43 Date Received: \_\_\_\_\_ Date of Investigation: