**CHILD ABUSE IN AN EDUCATIONAL SETTING**

**CONFIDENTIAL REPORT OF ALLEGATION**

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| **SUBJECT CHILD** | **PARENT OF SUBJECT CHILD** |
| Name  Last First MI  Address    School  Grade Sex (M, F, Unknown)  Age or Birthday (Mo/Day/Yr) | Name  Address (if different) |

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| **SOURCE OF ALLEGATION (Check as Appropriate)** |
| Child Parent Other - Name \_\_ Relationship to Child (if any)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| **ALLEGED PERPETRATOR (EMPLOYEE OR VOLUNTEER)** |
| Name School District/Charter School \_\_\_\_\_  School Building \_\_\_\_\_\_\_School Position |

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| **SPECIFIC ALLEGATION** |
| Use this space to provide information to describe or explain the circumstances surrounding the allegation.  (attach additional sheets if necessary) |

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| **REPORTER INFORMATION** |
| Name School District /Charter School School Address School Telephone Relationship to Child (if any)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   * Teacher School Guidance Counselor School Nurse School Psychologist   Administrator School Board Member School Social Worker  School personnel required to hold teaching or administrator license or certification  Date Submitted to Administrator ­­­­\_\_\_\_/\_\_\_\_\_/\_\_\_\_/ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **FOR ADMINISTRATOR USE ONLY** | **FOR SUPERINTENDENT/CHARTER SCHOOL CHIEF ADMINISTRATOR OF SCHOOL USE ONLY** |
| Reasonable Suspicion \_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_No | Reasonable Suspicion \_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_No |
| Date Submitted to Superintendent /Charter School Chief Administrator\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ | Date Submitted to Law Enforcement \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  Name/Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date Submitted to Commissioner / /  Name/Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name/Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date Submitted to Law Enforcement \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_  Name/Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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