

REGIONAL SCHOOL UNIT #26

SUSPECTED CHILD ABUSE/NEGLECT REPORT FORM

Any employee of RSU 26 who suspects that a child has been or is likely to be abused or neglected must complete this form and submit to the building administrator after you have made your report to the Department of Health and Human Services (DHHS) or, as appropriate, to the District Attorney. The purpose of this form is to document your report and to facilitate confirmation to your building administrator of this reporting.

1) Name of Reporting Person _____ Title _____

Phone Number _____ Email Address _____

2) Agency(ies) contacted: _____ DHHS _____ District Attorney

Name/title of agency contact receiving report: _____

Date/time of report to
DHHS/DA: _____

Building Administrator Notification:

Administrator Name: _____ Date Notified: _____

3) Name of student who is subject of report: _____

Birthday _____ Sex _____ Grade _____

Known history of abuse/neglect? _____

Parent/Guardian Name(s): _____

Address: _____

Home Number _____ Work Number _____

Name(s) of sibling(s): _____

4) Statements or indicators leading to the suspicion of abuse/neglect (include all known information, including date, time and location, name of alleged abuser, and relationship to student):

List any materials collected related to the report:

5) Actions taken by school personnel (list date, time and personnel involved):

EMPLOYEE’S CONFIRMATION OF REPORTING TO DHHS and/or DA

Signature confirms employee made report to DHHS or the DA.

Employee/Reporter’s Signature _____ Date and Time _____

ADMINISTRATOR CONFIRMATION OF REPORTING

Name of building administrator receiving report: _____

Building Administrator Signature _____ Date and Time _____

***Original form should be submitted to Superintendent
Copy should be kept on file in the School Principal’s Office***