

**PRELIMINARY CHILD ABUSE REPORT: PART I**

Date	County	Intake Date	Incident Number
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**DATE AND LOCATION OF ALLEGED ABUSE:** *(If known)***TYPE OF REPORT:** *(\* Indicates correction)***PARENTS, NON-CUSTODIAL PARENTS, OR PARENT SUBSTITUTES:**

Name	Address	Telephone	Relationship to Children Below
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**CHILDREN ALLEGEDLY ABUSED:** *(Attach page if necessary)***TYPE OF ABUSE:**

Name	Sex	Birth Date	Age	Phy.	MI	Sex	DCC	Prost.	Drug
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SIBLINGS/OTHER CHILDREN IN HOME:** *(Attach page if necessary)***RELATIONSHIP:**

Name	Sex	Birth Date	Age	Sibling	Other <i>(specify)</i>
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**CUSTODIAN OR GUARDIAN IF DIFFERENT FROM PARENTS:**

Name	Address	Telephone
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**CURRENT PLACEMENT OF CHILDREN IF OUT OF HOME:****PERSON(S) ALLEGED TO BE RESPONSIBLE FOR THE ABUSE:**

Name	Sex	Age	Relationship to Children
Address			Telephone
Name	Sex	Age	Relationship to Children
Address			Telephone

<b>REPORTER:</b>	
Name	Agency
Address	Telephone
Reporter's Relationship to Child	

**SUMMARY OF ALLEGATIONS AND REPORTER CONCERNS:**

**DATES OF PREVIOUS CONFIRMED OR FOUNDED REPORTS CONCERNING PARTICIPANTS:** *(Note: If numerous victims, allegations, or perpetrators, attach page. Do not name victims or perpetrators who are not participants in this incident.)*

Date	County	Incident No.	Abuse Type(s)	Victim(s)	Perpetrator(s)

<b>INVESTIGATION COMMENCED:</b>		<b>CHILD CONTACT (Interviewed, Observed, Examined):</b>	
Date	Time	Date	Time

**ACTIONS TAKEN TO ADDRESS AND ASSESS CHILD SAFETY:**

**COMPLETE INVESTIGATIVE REPORT:**

Child Protective Worker and Title	Signature
Supervisor and Title	Signature