

PERSONNEL

Jefferson High School
Report of Suspected Child Abuse or Neglect
Hot Line Number – 866-820-5437

Original to: Department of Public Health and Human Services
Copy to: Building Principal

From: Title:

School: Phone:

Persons contacted: Principal Teacher School Nurse Other

Name of Minor: Date of Birth:

Address: Phone:

Date of Report: Attendance Pattern:

Father: Address: Phone:

Mother: Address: Phone:

Guardian or Stepparent: Address: Phone:

Any suspicion of injury/neglect to other family members:

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

Previous action taken, if any:

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

Date Received: Date of Investigation: