

REPORT OF A SUSPICION OF A CHILD IN NEED OF PROTECTION

SCHOOL NAME: _____
STUDENT'S NAME: _____ D.O.B.: _____ GRADE: _____
ADDRESS: _____
PHONE: _____

PARENT(S)/GUARDIAN(S):

Mother/Father/Guardian Name Phone: Home/Work

Mother/Father/Guardian Name Phone: Home/Work

Emergency Contact Name Phone: Home/Work

1. Nature of Alleged Incident

Physical Emotional Sexual Neglect

Comments: | _____

2. Alleged Incident Reported to Children's Aid Society by:

NAME: _____ POSITION: _____
DATE: _____ TIME: _____

3. Children's Aid Society Contact Person:

NAME: _____ POSITION: _____
PHONE: _____

4. Immediate Action or Response by Children's Aid Society and/or School Officials:

5. Report Completed by:

SIGNATURE: _____ DATE: _____
PRINCIPAL: _____ DATE: _____

cc: Principal's File