

# REPORT OF SUSPECTED CHILD ABUSE TO LAW ENFORCEMENT OFFICIAL

(PURSUANT TO SECTION 6340 OF THE CHILD PROTECTIVE SERVICE LAW)

**REQUIREMENT OF COUNTY AGENCY WORKERS:** County Agency workers must report to law enforcement officials reports of suspected child abuse when the initial report gives evidence that the abuse is homicide, sexual abuse or exploitation, or serious bodily injury perpetrated by persons whether related or not related to the victim, or child abuse perpetrated by persons who are not family members. "Serious bodily injury" means bodily injury which creates a substantial risk of death or which causes serious permanent disfigurement or protracted loss or impairment of the function of any bodily member or organ.

**INSTRUCTIONS TO COUNTY AGENCY WORKERS:** \*When the report of suspected child abuse meets the requirement to report to law enforcement officials the County Agency worker shall send a copy of this completed form to the appropriate law enforcement official. The County Agency shall keep a copy of this completed form for its records.

A. REPORTING INFORMATION			
<b>1. REPORT SENT TO</b>	DATE REPORT RECEIVED BY COUNTY AGENCY <hr/> DATE SENT TO LAW ENFORCEMENT OFFICIAL		
<b>2. REPORT SENT BY:</b>			
<b>COUNTY AGENCY NAME &amp; ADDRESS</b>			
COUNTY AGENCY WORKER	SIGNATURE		
COUNTY AGENCY SUPERVISOR	SIGNATURE	PHONE NO.	
B. IDENTIFYING INFORMATION			
<b>3. NAME OF CHILD</b> (Last, First, Initial)	SOCIAL SECURITY NO.	BIRTHDATE	SEX <input type="checkbox"/> M <input type="checkbox"/> F
<b>4. ADDRESS</b> (Include Street, City, State, Zip Code)		COUNTY	
<b>5. PRESENT LOCATION IF DIFFERENT THAN 4 ABOVE</b>			
<b>6. MOTHER</b> (Last, First, Middle Initial)	SOCIAL SECURITY NO.	BIRTHDATE	TELEPHONE NO.
<b>7. ADDRESS</b> (Include Street, City, State, Zip Code)		COUNTY	
<b>8. FATHER</b> (Last, First, Middle Initial)	SOCIAL SECURITY NO.	BIRTHDATE	TELEPHONE NO.
<b>9. ADDRESS</b> (Include Street, City, State, Zip Code)		COUNTY	
<b>10. ALLEGED PERPETRATOR</b> (Last, First, Middle Initial)	SOCIAL SECURITY NO.	BIRTHDATE	RELATIONSHIP TO CHILD
<b>11. ADDRESS</b> (Include Street, City, State, Zip Code)		TELEPHONE NO.	COUNTY
<b>12. CITY, TOWNSHIP OR BOROUGH WHERE ABUSE OCCURRED</b>			
ALLEGED ABUSE			
<b>13. REASON FOR REFERRAL</b> <input type="checkbox"/> HOMICIDE <input type="checkbox"/> SEXUAL ABUSE OR EXPLOITATION <input type="checkbox"/> SERIOUS BODILY INJURY <input type="checkbox"/> CHILD ABUSE ALLEGEDLY PERPETRATED BY A PERSON NOT A FAMILY MEMBER			
<b>14. PREVIOUS INDICATED OR FOUNDED REPORTS</b>			
A. INVOLVING PERPETRATOR		B. INVOLVING SUBJECT CHILD	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	
15. CONFIDENTIAL INFORMANT (PLEASE PROTECT THE IDENTITY OF THIS PERSON)			
NAME		TITLE	
ADDRESS		TELEPHONE	

Note to Law Enforcement Official: Please advise the County Agency of the outcome of the investigation and prosecution.