Report of Child Abuse and/or Neglect

North Kitsap School District

PARENT(S) IDENTIFICATION

PARENT/GUARDIAN LAST NAME FIRST PHONE

PARENT/GUARDIAN LAST NAME FIRST PHONE

ADDRESS

CITY/ZIP

NAMES OF CHILDREN (Circle children identified as alleged victims)

LAST FIRST MI	BIRTHDATE	AGE	SEX	SCHOOL
1.				
2.				

PROCEDURE:

CPS PHONE:
1-888-713-6115

Fill in as completely as possible. Report must be made within 48 hours. Give as much information as you have that is accurate. Don't guess or make assumptions.

Prior to making an oral report to CPS, the reporting person shall:

☐ Inform principal or designee.

☐ Supply readily available information on form.

After completing form:

☐ Call the appropriate agency.

☐ Make sure this original is put into the principal's confidential file.

☐ Send copy to District Office designated Director.

Date of report:_____

CPS intake by:_____

OTHERS IN HOUSEHOLD
1.

RELATIONSHIP

2.

PRIMARY LANGUAGE

OTHER SIGNIFICANT PERSON

RELATIONSHIP

INFORMATION ON REPORTER

NAME OF REPORTER

POSITION

SCHOOL NAME

SCHOOL PHONE

REQUESTED CALL BACK FROM CPS
☐ YES ☐ NO

TYPE CA/N (For CPS Use Only)

☐ Physical Abuse
☐ Neglect
☐ Sexual Abuse
☐ Medical Neglect
☐ Emotional Neglect/Abuse
☐ Sexual Exploitation
☐ Other:
_____

SPECIFIC ALLEGATIONS: Describe specific behaviors and conditions. Include where and when incident(s) occurred. If you have further background information which might place this child at risk for abuse/neglect, please indicate it.

REASONS FOR REPORTING:

ALLEGED PERPETRATOR IDENTIFICATION IF KNOWN

NAME

ADDRESS CITY/ZIP

TELEPHONE

ACCESS TO CHILD
☐ YES ☐ NO

RELATIONSHIP TO ALLEGED VICTIM

☐ PARENT ☐ FOSTER PARENT ☐ DAY CARE

☐ RELATIVE ☐ PARENT'S PARTNER ☐ GROUP HOME

☐ THIRD PARTY ☐ SCHOOL STAFF ☐ OTHER