Report of Child Abuse and/or Neglect

North Kitsap School District

PARENT(S) IDENTIFICATION	PROCEDURE:
PARENT/GUARDIAN LAST NAME FIRST PHONE	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:___________
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.				

OTHERS IN HOUSEHOLD 1.	RELATIONSHIP	TYPE CA/N (For CPS Use Only)
2.	PRIMARY LANGUAGE	☐ Physical Abuse ☐ Neglect ☐ Sexual Abuse ☐ Medical Neglect ☐ Emotional Neglect/Abuse ☐ Sexual Exploitation ☐ Other: ______________________
OTHER SIGNIFICANT PERSON	RELATIONSHIP	
INFORMATION ON REPORTER		
NAME OF REPORTER	POSITION	
SCHOOL NAME	SCHOOL PHONE	
REQUESTED CALL BACK FROM CPS ☐ YES ☐ NO		

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		RELATIONSHIP TO ALLEGED VICTIM
NAME		☐ PARENT ☐ FOSTER PARENT ☐ DAY CARE
ADDRESS CITY/ZIP		☐ RELATIVE ☐ PARENT'S PARTNER ☐ GROUP HOME
TELEPHONE	ACCESS TO CHILD ☐ YES ☐ NO	☐ THIRD PARTY ☐ SCHOOL STAFF ☐ OTHER