

Please mail a copy of this report to: Principal/Site Administrator and to
Nursing and Wellness Program Office (Cardinal Lane, Annex B)
SUSPECTED CHILD ABUSE "FAX" REPORT

FAX #'s: (858) 694-5240; (858) 694-5241; (858) 694-5469; (858) 694-5725

1. Reporting Party/Title: Phone:()
CallbackHours: Agency:
Address: street city zip

INCIDENT INFORMATION

2. Date/Time of Incident: Location of Abuse & City

Type of Abuse: [] Physical [] Mental/Emotional [] Sexual Assault [] Neglect [] Other
If Child Was in Out-of-Home Care, Check Type: [] Day Care [] Foster Care [] Group Home or Institution

VICTIM

3. Name: Sex: Birthdate: Ethnicity: Language:
Address: Phone: ()
street city zip
Present Location of Child: Phone: ()
Name of Child's School/Day Care Provider: Hours of Attendance:

SIBLINGS

4. Name Sex Birthdate Eth Lang Name Sex Birthdate Eth Lang
Address of Siblings: Phone: ()
street city zip

PARENTS/STEPARENTS AND OTHERS IN THE HOME

5. Name Sex Birthdate Eth Lang Name Sex Birthdate Eth Lang
Address: Address:
street city zip street city zip
Phone: () Relationship: Phone: () Relationship:

ALLEGED PERPETRATOR

6. Name: Sex: Birthdate: Ethnicity: Language:
Address: Phone: () Relationship to Victim:
street city zip

7. Fully Describe the Nature and Extent of the Abuse (including statements of child and/or caretaker and relevant history):

Signature of Reporting Party

Date of Report

Phone