



# SUSPECTED CHILD ABUSE REPORT

To Be Completed by Mandated Child Abuse Reporters

Please Print or Type

And Fax to;

1-501-618-8952

\* INDICATES MANDATORY FIELDS

\*Note That this form is to be used for non-emergency use only

Reporting party	*Name of Reporter		Title	
	Reporters Address			
	Street	City	ZIP	
	*Phone Number		*Date of Report	
*Did Mandated Reporter witness the incident?      YES <input type="checkbox"/> NO <input type="checkbox"/>				
Victim Information	Name (last, first, middle)		DOB or Approx age	Sex
	Address      Street      City      ZIP		Phone (   )	
	*Present location of the victim		School or Daycare	
	Relationship to alleged Offender		Child in Foster Care? YES <input type="checkbox"/> NO <input type="checkbox"/>	
#2 VIC	Name (Last, first, middle)		DOB or Approx age	Sex

**DEMOGRAPHIC ROLES:**

A/V = Alleged Victim

A/O = Alleged Offender

PFRC = Person Responsible for Care (of the victim child)

Sibling = Sibling to the victim child

Other Person = A person living in the home

With the victim child not already mentioned

#1	Name	Race	Sex
Role in Referral		Address	Age/DOB
#2	Name	Race	Sex
Role in Referral		Address	Age/DOB
#3	Name	Race	Sex
Role in Referral		Address	Age/DOB
#4	Name	Race	Sex

<b>Role in Referral</b>		<b>Address</b>		<b>Age/DOB</b>	
<b>#5</b>	<b>Name</b>		<b>Race</b>		<b>Sex</b>
<b>Role in Referral</b>		<b>Address</b>		<b>Age/DOB</b>	
<b>Incident Information</b>	<b>Date/time of incident</b>		<b>Place of incident</b>		
	Narrative- Please include the following: What Happened; Who Did It?; Does the child have injuries now? When was the child last seen and by whom? ; Safety Concerns; Any Drug Use? Where is child now?				