

STATE OF ALABAMA DEPARTMENT OF HUMAN RESOURCES
WRITTEN REPORT OF SUSPECTED CHILD ABUSE/NEGLECT

Please print or type all known information. The Child Abuse/Neglect Reporting Law and instructions are explained on the back of this form.

SECTION I – CHILDREN ALLEGEDLY ABUSED OR NEGLECTED

NAME (First, Middle Initial, Last)	SEX	ETHNICITY	DATE OF BIRTH/AGE
1. _____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____
2. _____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____
3. _____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____
4. _____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____
5. _____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____
6. _____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____

ADDRESS	City	State	Zip	Telephone Number
Street Address _____	_____	_____	_____	_____

SECTION II – OTHER PERSONS LIVING WITH THE CHILDREN (Include parents/custodians and other children in the home)

NAME (First, Middle Initial, Last)	DATE OF BIRTH / AGE	ETHNICITY	RELATIONSHIP TO THE CHILDREN
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

SECTION III – PERSON(S) ALLEGEDLY RESPONSIBLE FOR THE ABUSE OR NEGLECT

NAME (First, Middle Initial, Last)	SEX	ETHNICITY	DATE OF BIRTH / AGE
1. _____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____
Street Address _____	City _____	State _____	Zip _____
Telephone Number _____	Relationship To Children Allegedly Abused/Neglected _____		
2. _____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____
Street Address _____	City _____	State _____	Zip _____
Telephone Number _____	Relationship To Children Allegedly Abused/Neglected _____		

SECTION IV – ABUSE OR NEGLECT ALLEGATIONS (Describe what happened, how it affected the children, and the date(s) occurred, if known.)

Did you see the abuse or neglect when it occurred? ☐ Yes ☐ No If no, how did you find out about it? _____

Please identify other people who witnessed the abuse/neglect or who may have information about the child's or family's situation.

Name	Address	Telephone #	Relationship to Children
1. _____	_____	_____	_____
2. _____	_____	_____	_____

SECTION V - OTHER PERTINENT INFORMATION

SECTION VI - REPORTER

Name	Address	Telephone Number	Title/Agency/Relationship To Children
Did you verbally report the allegations to the Department of Human Resources or law enforcement? <input type="checkbox"/> Yes (specify to whom in section below) <input type="checkbox"/> No			
Name _____	Name of County DHR, Police Department, or Sheriff's Department _____	Date Reported _____	
Signature _____		Date _____	

For DHR Use Only	County	Case #	Date Report Received
_____	_____	_____	_____