

SUSPECTED CHILD ABUSE/NEGLECT REPORT FORM

Any employee of RSU 9 who suspects that a child has been or is likely to be abused or neglected (the “notifying person”) must immediately notify the building principal using this form and make a direct report to DHHS using this form. The purpose of this form is to document your reporting and to facilitate confirmation that you and/or the building principal or other designated school official has made a report to the Department of Health and Human Services (DHHS) or, as appropriate, to the District Attorney.

If you have not received written confirmation within 24 hours of submitting this form to the building principal, you must make your own report to DHHS or, if appropriate, to the DA.

This form is for school use only. It is not to be sent to DHHS.

- 1) Name/title/telephone number and email address of notifying person (person who originally has the information and is required to report it):

- 2) Date and time of notifying person’s report: _____

- 3) Name/title of school principal /designated agent first report made to:

- 4) Did notifying person contact DHS independently: ____ Yes ____ No

- 5) Name of student who is subject of report: _____

Birthdate: _____ Sex: _____ Grade: _____

Known history of abuse/neglect? _____

Parent/Guardian Name(s): _____

Address: _____

Home and work telephone numbers: _____

Name(s) of sibling(s): _____

- 6) Statements or indicators leading to the suspicion of abuse/neglect (include all known information, including date, time and location, name of alleged abuser, and relationship to student): _____

List any photographs taken or other materials collected related to the report:

Actions taken by school personnel (list date, time and personnel involved):

CONFIRMATION OF REPORT

(Used for confirming principal or designated agent's report to authorities)

Name of principal or designated agent: _____

Agency contacted by telephone: _____

Name and title of agency contact: _____

Date and time of telephone report: _____

Copy of report form sent (include date and addressee): _____

Principal/Designated Agent Signature

Date and Time

EMPLOYEE'S ACKNOWLEDGEMENT OF RECEIPT OF CONFIRMATION

(To be returned to the principal or designated agent)

I have received confirmation that my report has been made to DHHS or the DA by the Principal or other Designated Agent.

Notifying Person/Original Reporter's Signature
(Employee's Signature)

Date and Time

Reviewed by Superintendent:

Signature: _____ Date: _____

Adopted: February 26, 2019

Reviewed: August 5, 2025