

**CHILD ABUSE IN AN EDUCATIONAL SETTING  
CONFIDENTIAL REPORT OF ALLEGATION**

SUBJECT CHILD	PARENT OF SUBJECT CHILD
Name _____ Last First MI	Name _____ Last First MI
Address _____	Address (if different) _____
School _____	_____
Grade _____ Sex (M,F, Unknown)	
Age or Birthday (Mo/Day/Yr) _____	

**SOURCE OF ALLEGATION (Check as Appropriate)**  
 Child     Parent     Other – Name \_\_\_\_\_ Relationship to Child (if any) \_\_\_\_\_

**ALLEGED PERPETRATOR (EMPLOYEE OR VOLUNTEER)**

Name _____	School District _____
School Building _____	School Position _____

**SPECIFIC ALLEGATION**  
 Use this space to provide information to describe or explain the circumstances surrounding the allegation (attach additional sheets if necessary)

**REPORTER INFORMATION**

Name _____	School District _____
School Address _____	School/Telephone _____
Relationship to Child (if any) _____	
<input type="checkbox"/> Teacher	<input type="checkbox"/> School Guidance Counselor
<input type="checkbox"/> Administrator	<input type="checkbox"/> School Board Member
<input type="checkbox"/> School personnel required to hold teaching or administrator license or certification	<input type="checkbox"/> School Nurse
	<input type="checkbox"/> School Psychologist
<input type="checkbox"/> School Social Worker	
Date Submitted to Administrator ___/___/___	Signature: _____

FOR ADMINISTRATOR USE ONLY	FOR SUPERINTENDENT OF SCHOOL USE ONLY
Reasonable Suspicion <input type="checkbox"/> Yes <input type="checkbox"/> No	Reasonable Suspicion <input type="checkbox"/> Yes <input type="checkbox"/> No
Date Submitted to Superintendent ___/___/___	Date Submitted to Law Enforcement ___/___/___
Name/Signature _____	Name/Signature _____
Date Submitted to Law Enforcement ___/___/___	Date Submitted to Commissioner ___/___/___
Name/Signature _____	Name/Signature _____