



CHILD PROTECTION/SUSPICION OF ABUSE REPORT

Date: _____

Time: _____

Full name of student: _____

School: _____

emotional

Description of Injury: (if physical, include size colour, location on body – see diagram on reverse side of page)

Description of Incident: (include direct quotes)

Signature: _____

original document
school division copy

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Full name of student: _____

Date of birth: _____

Name of custodial parent(s)/guardian(s) (indicate **P** or **G**): _____

Names and ages of siblings: _____

Address: _____

Telephone: _____

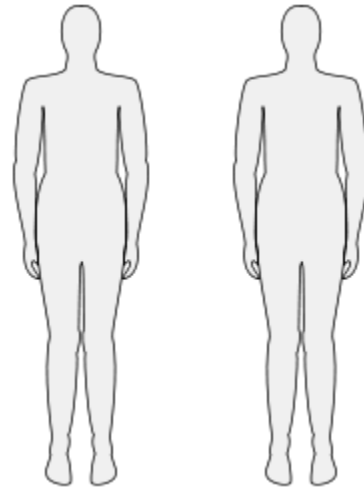
Name and address of individual(s) disclosed as (**d**) or suspected of (**s**) causing incident (if known):

CONFIDENTIAL

PHYSICAL LOCATION OF INJURY

Back View

Front View



Intake Worker Called _____
Phone # _____
Comments by Worker _____
