

**SIXTH JUDICIAL DISTRICT DEPARTMENT OF CORRECTIONAL SERVICES  
SUSPECTED CHILD OR DEPENDENT ADULT ABUSE REPORTING FORM**

This form may be used as the written report which the law requires all mandated reporters to file with the Department of Human Services, following an oral report of suspected child or dependent adult abuse. Fill in as much information under each category as is known. Submit the completed form to the local office of the Department of Human Services and provide a copy to the District Director.

**FAMILY INFORMATION:**

Name of Child/Dependent Adult \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ School \_\_\_\_\_ Grade Level \_\_\_\_\_

Name of Parent/Guardian/Caretaker \_\_\_\_\_

Address (if different from child's/dependent adult's) \_\_\_\_\_

Phone \_\_\_\_\_

Other children in the home:

Name	Date of Birth	Condition

**INFORMATION ABOUT SUSPECTED ABUSE:** In this section, indicate the date of suspected abuse; the nature, extent and cause of the suspected abuse; the person(s) thought to be responsible for the suspected abuse; evidence of previous abuse; and other pertinent information needed to conduct the investigation. Use the back of this form if necessary to complete the information requested above and to identify individuals who have been informed of the child or dependent adult abuse report, such as building administrator, supervisor, etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REPORTER INFORMATION:**

Name and Title/Position \_\_\_\_\_

Department Office Address \_\_\_\_\_

Phone \_\_\_\_\_ Relationship to Child/Dependent Adult \_\_\_\_\_

Name(s) of other mandatory reporter(s) who has/have knowledge of the abuse.

\_\_\_\_\_

Signature of Reporter \_\_\_\_\_ Date \_\_\_\_\_

For Public Information Only