

**ADAMS 12 Five Star Schools
CHILD ABUSE REPORT TO THE
ADAMS / BROOMFIELD COUNTY DEPARTMENT OF SOCIAL SERVICES
OR LAW ENFORCEMENT AGENCY
Division of Services for Families, Children and Youth**

Name of Child _____ **Birth Date** _____

Sex _____ **Race (Required by Statute)** _____

Address (include city and zip) _____

Parent's/Guardian's/Custodian's Name _____

Address (include city and zip) _____ **Telephone #** _____

1. **Name of Social Services worker contacted by phone** _____

2. **Nature and extent of the child's injuries or evidence of neglect or molestation:**

3. **Child's account of how the incident occurred:** _____

4. **Describe any evidence of previous known or suspected abuse or neglect to the child or to the child's siblings:**

5. **Name(s), address(es) and relationship of the person(s) responsible for the suspected abuse or neglect, if known:** _____

White: Social Services or Police Yellow: Staff Counsel Pink: School Copy
(Law Enforcement if third party abuse)

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CHILD ABUSE REPORT, CONTINUED**

Name of Child _____

6. Other siblings, if known: _____

7. Other family members, if known: _____

8. Name, address, telephone number of school and the name and position of the person making the report:

9. Action taken by school:

A. Date and time of call to Department of Social Services: _____

B. Other: _____

10. Is the child receiving additional assistance at school outside of his/her regular classroom assignment?

Yes No If yes, please specify: _____

Any other information which may be helpful to Social Services' investigation of this matter:

Date: _____

Signature _____

Position: _____

Please Print Name _____

School: _____