

**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)**

**ADAMS 12 Five Star Schools  
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: \_\_\_\_\_

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