

CHILD MALTREATMENT REPORT

(Social Services must receive within 72 hours of the verbal report)

Child's Name

Birthdate

Head Start Site

Parent Name(s)

Address

Phone

Type of alleged child abuse: Physical Sexual Neglect

Provide all information and details including dates, harm/injury to the child, etc.

Verbal report filed on _____
Date

Mandated reporter name: _____ Date: _____

Relationship to the child: _____