

## RECORD OF REPORT OF ABUSE OR NEGLECT

DATE OF REPORT \_\_\_\_\_  
Y/M/D

**CHILD'S NAME** \_\_\_\_\_  
Last Name      Given Name

**DATE OF BIRTH** \_\_\_\_\_  
Y/M/D

**O.E.N.** \_\_\_\_\_

**SIBLINGS** \_\_\_\_\_  
Last Name      Given Name(s)

**ADDRESS** \_\_\_\_\_  
Apt.      Street      City      Postal Code

**HOME TELEPHONE** \_\_\_\_\_

**MOTHER'S FULL NAME** \_\_\_\_\_  
Last Name      First Name

**BUSINESS PHONE** \_\_\_\_\_

**FATHER'S FULL NAME** \_\_\_\_\_  
Last Name      First Name

**BUSINESS PHONE** \_\_\_\_\_

**RELIGION** \_\_\_\_\_ **MEDICAL CONCERNS** \_\_\_\_\_

**Details of Abuse/Neglect**

- What the child said and to whom
- When and where the incident(s) occurred
- Brief description of easily visible marks or injuries or evidence of neglect
- The alleged offender(s) and relationship to the child
- Names of any other children who might be involved

**Keep your consultation to the minimum. This report form and any other written records may be subpoenaed in subsequent legal proceedings.**

**Language(s) spoken at home** \_\_\_\_\_

**Name of Children's Aid Society** \_\_\_\_\_
 **Case Worker** \_\_\_\_\_  
Last Name      First name

**Investigation undertaken?**     Yes     No

**Principal's Signature** \_\_\_\_\_

**Send marked "Private and Confidential" to the Principal.**