

Code: JLF-E  
Adopted: 1/21/85  
Amended: 5/20/85  
Amended: 5/20/02  
Amended: 5/2/16  
Amended: 11/05/18

Hermon School Department

### SUSPECTED CHILD ABUSE / NEGLECT REPORT FORM

Any employee of the Hermon School Department who has reasonable cause to suspect that a child has been or is likely to be abused or neglected, must immediately notify the building principal or designee. The purpose of this form is to document employee reports and provide communication to the employee that the building principal or designee has communicated the report to the appropriate authorities.

If you have not received written confirmation within 24 hours of submitting this form to the building principal or designee, you must make your own report to the appropriate authorities.

1. Name of student who is subject of report: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Sex: \_\_\_\_\_ Grade: \_\_\_\_\_

Known history of abuse/neglect? \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone numbers: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

Name(s) of sibling(s): \_\_\_\_\_

2. Statements or indicators leading to the suspicion of abuse/neglect (include all known information including date, time and location, name of alleged abuser, and relationship to student):

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3. List evidence collected (if any) related to the report:

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4. Names of staff informed (guidance, principal):

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Signature and title of person completing form \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_



CONFIRMATION OF REPORT

(To be completed by principal or designee confirming report to authorities)

Name of principal or designee making report: \_\_\_\_\_

Agency Contacted: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Person Receiving the Report: \_\_\_\_\_

\_\_\_\_\_  
Principal / Designee Signature

\_\_\_\_\_  
Date

EMPLOYEE'S ACKNOWLEDGEMENT OF RECEIPT OF CONFIRMATION

I have received confirmation that my report has been made to DHHS or other appropriate authority, by the principal or designee.

\_\_\_\_\_  
Original Reporter's Signature

\_\_\_\_\_  
Date