

CSC of Eastern Hancock
School Documentation for Child Abuse or Neglect Reporting
DCS Phone: 800-800-5556

Updated 9-18-20

The undersigned hereby states:

Name _____ Birthdate _____ Sex M F

whose parents are:

Father: _____ Address: _____

Mother: _____ Address: _____

or whose guardian or custodian is _____ has reported to be a victim of abuse and/or neglect.

The following allegation was made:

Allegation made by: _____

Date of allegation report: _____ Time of allegation report: _____

Persons having knowledge of allegation include: _____

Name of person taking report at Department of Child Services: _____

Report Number: _____

Date of report made to DCS: _____ Time of report made to DCS: _____

Dated: _____

Signature: _____

Printed Name: _____

- Copy to Principal
- Copy to Asst. Principal
- Copy to Central Office

School: _____

Was the report screened out? Yes No

PLEASE SEND A COPY OF COMPLETED FORM TO BUILDING PRINCIPAL.