

Report of Suspected Child Abuse and Neglect

Was an oral report made to FSD? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes:	Who made it?	When was it made?
Child's name		Child's birthdate (or age)	
Child's address			
List the names and birthdates (or ages) of any siblings			
Name of <u>primary</u> parent or caretaker 1		Birthdate or age	Relationship to child
Telephone number (with area code)		Is this person the suspected perpetrator? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address			
Name of parent or caretaker 2		Birthdate or age	Relationship to child
Telephone number (with area code)		Is this person the suspected perpetrator? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address			
Name of suspected perpetrator if <u>not</u> indicated above		Birthdate or age	Relationship to child
Address		Telephone number (with area code)	
Does anyone on this form have accessibility needs? Identify the individual and the accommodation needed.			
Does anyone on this form need a spoken language interpreter service? Identify the individual and the language. Choose an item. Other:			
<p>Explanation of suspected abuse/neglect Include the nature and extent of the child's injuries, any evidence of previous abuse/neglect to the child or the child's siblings, and any other information you believe might help 1) establish the cause of the injuries/reason for the neglect; 2) protect the child and 3) support the family. <i>Use extra paper if needed.</i></p>			

Explanation of suspected abuse/neglect (continued)

Has the injury or problem been discussed with the family? Yes No
Is the family aware you are making this report? Yes No
Other information available: Medical exam Photographs Hospital records X-Rays

Primary person making this report (PLEASE PRINT)	Mailing address
Telephone number (with area code)	Email address
Relationship to child	Agency, organization, or school
Other reporter's name & email address (PLEASE PRINT)	Mailing address
Telephone number (with area code)	Agency, organization, or school
Other reporter's name & email address (PLEASE PRINT)	Mailing address
Telephone number (with area code)	Agency, organization, or school
Other reporter's name & email address (PLEASE PRINT)	Mailing address
Telephone number (with area code)	Agency, organization, or school

Fax this report to: (802) 241-3301
Visit our website: mandatedreporters.vt.gov