STILLWATER PUBLIC SCHOOLS
SUSPECTED CHILD ABUSE or NEGLECT REPORT

CONFIDENTIAL

DHS Hotline Number – 1.800.522.3511

~~Date of Report:_____ Time of Report~~DHS Notified~~:_____~~

Date/Time DHS Notified:_____

Date/Time Law Enforcement Notified:_____

School:_____ Grade of Child:_____ Date of Birth: _____

Child's Name: _____

Parent's/Guardian's Name and Address: _____

_____

Describe the nature and extent of the child's potential abuse or neglect, including any evidence of previous abuse or neglect: _____

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~~Supply any other information that might be helpful in establishing the cause of the potential abuse or neglect: _____~~

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~~Describe the nature and extent of the child's dependence on a controlled substance (if applicable):~~

Name of suspected perpetrator(s) (if known): _____

DHS intake worker receiving the phone report: _____ **Referral #**: _____

_____
Law Enforcement Officer Receiving Report

_____ _____
Signature of Principal/Director or Designated Admin. Date

_____ _____
Signature of Person Filing Report ***OPTIONAL***
(The person filing this report may remain anonymous.) Date

_____
Signature of ~~Counselor~~ Assistant Superintendent

☐ ~~Copy filed with~~ **~~SRO or Local Law Enforcement Notified~~**

_____ _____
Date

A copy of this suspected child abuse or neglect report is to be submitted to the school principal and ~~filed with the site counselor,~~ Assistant Superintendent of Ed Services. ~~and DHS is to be notified, per SPS policy FFG.~~