

Bigfork School District #38

STUDENTS

3421/5232F

Report of Suspected Child Abuse or Neglect

Date report made to Dept. of Public Health & Human Services: _____

Person making report: _____ Title: _____

Persons present when report made: _____

Name of Minor: _____ Date of Birth: _____

Address: _____ Phone: _____

Father: _____ Address: _____ Phone: _____

Mother: _____ Address: _____ Phone: _____

Guardian or
Stepparent: _____ Address: _____ Phone: _____

Student's attendance pattern: _____

The nature and extent of the child's injuries, including any evidence of previous injuries: _____

Facts which support the belief that the child has suffered from abuse or neglect:

Other information that might establish the cause of the injuries or show willful abuse or neglect and the identity of the person or persons responsible: _____

Follow-up action by school officials, including date of action: _____

