



CHILD ABUSE HOTLINE REPORT

Mandated reporting sources must follow-up all telephone reports to Child Protective Services (CPS) with a written statement within seventy-two (72) hours, A.R.S. §13-3620. Completing this form fulfills the written requirement for mandated reporting sources. Reports made in good faith are immune from civil or criminal liability. Mail to: Child Abuse Hotline, P.O. Box 44240, Phoenix, AZ 85064-4240. To report child abuse, call the Hotline at 1-888-767-2445.

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| DATE REPORTED TO CPS CHILD ABUSE HOTLINE | TIME REPORTED |
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REPORTING SOURCE'S NAME AND/OR AGENCY

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| REPORTING SOURCE'S PHONE NO. | CHILD ABUSE HOTLINE CALL NO. <i>(If known)</i> | CPS SPECIALIST'S NAME <i>(If known)</i> |
|------------------------------|--|---|

AS REQUIRED IN A.R.S. § 13-3620, THE REPORT SHALL CONTAIN:

1. The names and addresses of the minor and his/her parents or person or persons having custody of such minor, if known.
2. The minor's age and the nature and extent of his/her injuries or physical neglect, including any evidence of previous injuries or physical neglect.
3. Any other information that such person believes might be helpful in establishing the cause of the injury or physical neglect.

PARENT, GUARDIAN OR CUSTODIAN'S NAME

ADDRESS *(No., Street, City, State, ZIP)*

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|----------------|----------------|
| HOME PHONE NO. | WORK PHONE NO. |
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PARENT, GUARDIAN OR CUSTODIAN'S NAME

ADDRESS *(No., Street, City, State, ZIP)*

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| HOME PHONE NO. | WORK PHONE NO. |
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| CHILD'S NAME | DATE OF BIRTH |
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CHILD'S ADDRESS *(No., Street, City, State, ZIP)*

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| CHILD'S NAME | DATE OF BIRTH |
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| CHILD'S NAME | DATE OF BIRTH |
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CHILD'S ADDRESS *(No., Street, City, State, ZIP)*

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| CHILD'S NAME | DATE OF BIRTH |
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CHILD'S ADDRESS *(No., Street, City, State, ZIP)*

Equal Opportunity Employer/Program ♦ Under the Americans with Disabilities Act (ADA), the Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service, or activity. For example, this means that if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. This document is available in alternative formats by contacting

