

SUSPECTED CHILD ABUSE REPORT To Be Completed by Reporting Party

Reporting Party	Name/Title												
	Address					City		Zip					
	Phone:			Date of Report			Signature:						
Report Made To:	Police Department		Sheriff's Office		County Child's Protective Services				State Child and Family Services				
	Agency				Address								
	Official Contact				Phone		Date/Time						
Victim	Last Name		First Name		Middle Initial	Address				Birthdate/Age	Sex	Race	
	Present Location of Child:					Phone							
Siblings	Last Name		First Name		Middle Initial	Address				Birthdate/Age	Sex	Race	
	1.												
	2.												
	3.												
Parents	Last Name		First Name		Middle Initial	Address/Phone Number				Birthdate/Age	Sex	Race	
	1.												
	2.												
Suspected Perpetrator	Last Name		First Name		Middle Initial	Address/Phone Number				Birthdate/Age	Sex	Race	
Incident Information	Date/Time of Incident			Place of Incident				(Check One)		Occurred		Observed	
	Type of Abuse (Check)		Physical		Mental			Sexual Assault/Statutory Rape			Neglect		Other
	Narrative Description												
	Summarize what the abused Child or Person Accompanying the Child Said Happened:												
	Explain Known History of Similar Incident(s) for this child:												

This is an optional form that may be used to report child abuse. Nevada law requires child abuse to be reported within 24-hours. Your original report should be made by telephone to Child Protective Services or a police agency as soon as possible after you learn of the abuse. The report should be followed by this form to assure all appropriate agencies have been notified.