

8902 Zier Road Yakima WA 98908
P 509.972.6000 F 509.972.6025

REPORT OF CHILD ABUSE AND/OR NEGLECT

Directions: Fill out form as completely as possible. Give as much accurate information as you have. Do not guess or make assumptions. It will be easier to have the form completed before you call. After calling CPS within 48 hours, inform your principal, and complete the form (if you have not done so already). Copy this report and mail it to CPS, and make sure original is put into the principal's/district confidential file.

Student's Full Name _____ **DOB** _____ ☐ Male ☐ Female ☐ Other
Last First Initial

Address _____ **Home Language:** _____ **Ethnicity:** _____
Street and House Number Apt# City State

Parent(s) or Guardian(s) _____ **Other Adults in Home:** _____
Zip

Home Phone _____ **Work Phone** _____ **Message/Other Phone(s)** _____

School _____ **Grade** _____ **Teacher** _____ **Special Needs?** ☐ Yes ☐ No

Other Children in Household: (If known)

Last Name	First Name	DOB	Age	Sex	School Attending	Special Needs? Y/N

SPECIFIC ALLEGATIONS: (Identify victim(s). Description of specific behaviors and conditions. Include where and when incident(s) occurred. If you have further background information which might place this child at risk for abuse/neglect, please indicate it. You may also use the back of this report. Use the second page to illustrate an area of injury, if applicable)

Signature/Title of Person(s) Reporting Person(s): _____ **Date Form Completed:** _____

You must make an oral telephone intake report to CPS WITHIN 48 HOURS. Call 1-855-420-5888.

Reported to (CPS Intake Worker's Name): _____ **Date/Time of Report:** _____

Building Principal's Signature: _____ **Date received:** _____

Mail to: Child Protective Services, Mail Stop B-39-12, PO Box 12500, Yakima WA 98909

Physical Injury Indicator Chart

Date: _____

Student's Full Name _____ DOB _____
Last First Initial Also Known As

Indicate areas of injury or concern on body charts below.

