

Report of Suspected Child Abuse

To submit report by email please email to: ChildProtection@adw.org

Please print (or type) and, if possible, use black ink. Thank you.

REPORT DATE: _____

CONTACT INFORMATION:

1. Person submitting this report:

Name: _____ Title: _____

Parish/School/Facility Name: _____

Street Address: _____

City: _____ ST: _____ Zip: _____

Daytime Phone: _____ E-mail: _____

2. Person(s) suspected of misconduct:

Name: _____ Title: _____

Parish/School/Facility Name: _____

Date of Birth (m/d/y): _____ Age: _____ Sex (circle one): Male Female

Now deceased? (circle one) Yes No

Street Address: _____

City: _____ ST: _____ Zip: _____

Daytime Phone: _____ E-mail: _____

3. Suspected victim(s) of misconduct:

Name: _____

Age Now: _____ At Time of Incident: _____ Sex (circle one): Male Female

Street Address: _____

City: _____ ST: _____ Zip: _____

Daytime Phone: _____ E-mail: _____

4. Report to civil authorities:

Agency Name: _____

County/City: _____

Phone: _____

Date of Report: _____

Individual Receiving Report: _____

INCIDENT INFORMATION (please provide on a separate sheet of paper, preferably typed)

- Describe the incident of suspected child abuse, including date, time and location.
- Identify eyewitnesses to the incident, including names, addresses and telephone numbers, when available.
- Provide other information that may be helpful to an investigation.

