

University System of Maryland
REPORT OF SUSPECTED CHILD ABUSE/NEGLECT

Today's date:

Person Making Report (Name): _____ **Position/Title:** _____

Institution Name: _____ **Home Address:** _____

Work Telephone Number: _____

Home or Cell Number: _____

Nature of Report: Physical Abuse Sexual Abuse Neglect Mental Injury

To the extent of your knowledge, please provide the following information:

Information About the Child:

Full Name of Child: _____ **Age:** _____

Sex: Male__ Female__ **Race:** _____ **Birthdate:** _____

Address of Child: _____

Information About the Suspected Abuser:

Name: _____ **Address:** _____

Relationship to the Child: _____

Relationship, if any, to the Institution: _____

Other Information to Locate the Suspected Abuser: _____

Information About the Child's Parent or Other Person Responsible for the Child's Care:

Name: _____ **Address:** _____

Relationship to the Child: _____ **Telephone Number:** _____

I do not have information regarding the child's parent or other care-giver

Description of Abuse/Neglect:

Description of Nature and Extent of Suspected Abuse/Neglect/Mental Injury: _____

Reason to believe that the Child is a Victim, Including the Source of your Information: _____

If known, please also provide the following:

Information about Past Abuse to the Child or Other Children in the Family or other Information about Family Function or Relationships:

History of Violence, Drugs, Mental Illness Relating to Child or Suspected Abuser:

Weapons Possessed by the Suspected Abuser or Other Potential for Violence:

Local CPS or Police Department Notified:

Name: _____ Location of Department: _____

Telephone Number: _____

Date when called: _____ Time when called: _____

Person to Whom Oral Report Was Made:

Other Concerns, if any:

Possible Need for Child's Referral for Counseling, Health Care, or Other Services (Please specify which services, if any, may be needed and the basis for the potential need):

Any Concerns that the Victim May Experience Negative Consequences as a Result of This Report and Its Investigation:

Other Concerns, Regarding Suspected Abuse, Neglect, Mental Injury or Child's Needs:

Signature of Reporter

Date

Please consult your institution's procedures for reporting suspected child abuse and neglect for instructions regarding the submission of this form to child protective authorities. After sending the completed form to those persons, be sure to keep any copy that you may retain secure and confidential.