

**Littleton
Public
Schools
Exhibit**

Policy Code	JLF-E
Policy Name	Reporting Child Abuse/Child Protection
	October 26, 1995

CHILD ABUSE/NEGLECT REPORTING FORM

ORAL REPORT DATE _____
SOCIAL SERVICES CONTACT PERSON _____

CHILD:

Name _____ DOB _____ Sex _____
Address _____
School _____

PARENT/GUARDIAN:

Name _____
Address _____
Telephone (Work) _____ (Home) _____
Marital Status _____ Custody _____

OTHER MEMBERS OF THE HOUSEHOLD (Name, DOB, and Relationship):

ALLEGED PERPETRATOR:

Name _____ DOB _____
Address _____
Relationship to Child _____

INCIDENT DATE:

WRITTEN REPORT DATE:

REASON FOR REFERRAL:

REPORTING PARTY:

Name _____ Title _____
Agency _____ Telephone _____
Address _____
Reporting Party's Signature _____ Date _____

REPORT DISPOSITION *(to be completed by Social Services)*

___ Assigned for Assessment—Name of Caseworker _____
___ Not Assigned for Assessment—Reason _____

Supervisor's Signature _____ Date _____

DISTRIBUTION (Two copies to Social Services—Reporting Party retains one copy):

Arapahoe County	Douglas County	Denver County	Jefferson County
Dept. of Social Services	Dept. Health & Human Services	Dept. of Social Services	Dept. of Social Services
1400 W. Littleton Blvd.	401 S. Wilcox	2200 W. Alameda Ave.	900 Jefferson County Pkwy.
Littleton, CO 80120	Castle Rock, CO 80104	Denver, CO 80223	Golden, CO 80419