

# ABUSE, ABANDONMENT OR NEGLECT, HARASSMENT REPORT

To Be Completed by Reporting Party

DATE \_\_\_\_\_

STUDENT NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_ GRADE \_\_\_\_\_

HOME PHONE \_\_\_\_\_

MOTHER \_\_\_\_\_ WORK PHONE \_\_\_\_\_

FATHER \_\_\_\_\_ WORK PHONE \_\_\_\_\_

DATE OF ABUSE, ABANDONMENT, NEGLECT OR HARASSMENT \_\_\_\_\_

DESCRIPTION \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

AGENCY CONTACTED \_\_\_\_\_

NAME OF PERSON CONTACTED \_\_\_\_\_

TIME OF REPORTING TO AGENCY \_\_\_\_\_

NAME OF PERSON REPORTING \_\_\_\_\_

POSITION AND SCHOOL \_\_\_\_\_

\_\_\_\_\_  
Signature