

# Board Policy

Code No. 402.2E2

## CHILD ABUSE REPORTING Iowa Department of Human Services

### SUSPECTED CHILD ABUSE REPORTING FORM

This form may be used as the written report which the law requires all mandated reporters to file with the Department of Human Services, following an oral report or suspected child abuse. Fill in as much information under each category as is known. Submit the completed form to the local office of the Department of Human Services.

#### FAMILY INFORMATION

Name of Child: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ School: \_\_\_\_\_ Level: \_\_\_\_\_

Name of Parent (if different from child's): \_\_\_\_\_  
or Guardian

Address (if different from child's): \_\_\_\_\_

Phone (if different from child's): \_\_\_\_\_

Other Children in the Home: \_\_\_\_\_

NAME	BIRTHDATE	CONDITION

INFORMATION ABOUT SUSPECTED ABUSE: In this section, indicate the date of suspected abuse; the nature, extent and cause of the suspected abuse; evidence of previous abuse; and other pertinent information needed to conduct the investigation. Use the back of this form if necessary to complete the information requested above and to identify individuals who have been informed of the child abuse report, such as building administrator, supervisor, etc.

#### REPORTER INFORMATION

Name and Title or Position: \_\_\_\_\_

Office Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Name(s) of other mandatory reporter(s) who has/have knowledge of the abuse: \_\_\_\_\_

Signature of Reporter

Date

*Reapproved: February 17, 2004  
December 4, 2006  
April 18, 2011*