



Mandated Report Form / Page 2 of 2

Reporter's address: (If the reporter represents an institution, school, or facility, please indicate institution, school, facility name)

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Reporter's Telephone number(s) \_\_\_\_\_

Has the reporter informed the caretaker of the report? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Please answer following questions in space provided or attach separate sheet:**

What is the nature and extent of the injury, abuse, mistreatment, or neglect, including prior evidence of same? (Please cite the source of this information if not observed first hand.)

\_\_\_\_\_

What are the circumstances under which the reporter became aware of the injuries, abuse, mistreatment, or neglect?

\_\_\_\_\_

What action has been taken thus far to treat, shelter, or otherwise assist the child to deal with this situation?

\_\_\_\_\_

Please give other information which you think might be helpful in establishing the cause of the injury and/or the person responsible for it. If known, please provide the name(s) of the alleged perpetrator(s).

\_\_\_\_\_

\_\_\_\_\_

Signature of Reporter \_\_\_\_\_

Date \_\_\_\_\_

**For Office Use Only**

Report received by \_\_\_\_\_ Date received \_\_\_\_\_

\_\_\_\_\_ Copy submitted to parents/guardians (if individual is under eighteen years of age).

Submitted by \_\_\_\_\_ Date submitted \_\_\_\_\_

\_\_\_\_\_ Copy submitted to original reporter.

Submitted by \_\_\_\_\_ Date submitted \_\_\_\_\_

Action taken: \_\_\_\_\_

Was a report made to DCF? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, then:

Date and time of oral report \_\_\_\_\_ Date and time written report sent \_\_\_\_\_

Was a Pastoral Response Team formed by Council? \_\_\_\_\_

Comments (attach additional page if needed) \_\_\_\_\_

\_\_\_\_\_