

1 **Stevensville School District**

3 **PERSONNEL**

5232F

5 **Stevensville School District**  
6 **Report of Suspected Child Abuse or Neglect**  
7 Hot Line Number – 866-820-5437

9 *Original to: Department of Public Health and Human Services*  
10 *Copy to: Building Principal*

12 Name of Minor: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

14 Address: \_\_\_\_\_ Phone: \_\_\_\_\_

16 Date of Report: \_\_\_\_\_ Attendance Pattern: \_\_\_\_\_

18 Father: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

20 Mother: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

22 Guardian or  
23 Stepparent: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

25 Any suspicion of injury/neglect to other family members: \_\_\_\_\_

27 Nature and extent of the child’s injuries, including any evidence of previous injuries, and any other  
28 information which may be helpful in showing abuse or neglect, including all acts which lead you to  
29 believe the child has been abused or neglected: \_\_\_\_\_

33 Please check areas of concern below:

- 34 \_\_\_\_\_ Physical Neglect
- 35 \_\_\_\_\_ Psychological/Emotional Maltreatment
- 36 \_\_\_\_\_ Physical Abuse
- 37 \_\_\_\_\_ Sexual Abuse

39 Previous action taken, if any: \_\_\_\_\_

40 \_\_\_\_\_  
41 \_\_\_\_\_

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