	EL	5232
	<b>Report of Suspected</b>	e School District I Child Abuse or Neglect ber – 866-820-5437
	Hot Line Num	001 - 800-820-3437
Original to:	Department of Public Health and H	Human Services
Copy to:		
Name of Min	nor:	Date of Birth:
Address:		Phone:
Data of Dama	Attender og l	Dattorn
Date of Kepo	Auendance I	Pattern:
Father <sup>.</sup>	Address <sup>.</sup>	Phone:
<u> </u>		
Mother:	Address:	Phone:
Guardian or		
a .	Address:	Phone:
Stepparent:	11001055.	
		embers:
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