

NAME OF MANDATED REPORTER		TITLE		MANDATED REPORTER CATEGORY	
REPORTER'S BUSINESS/AGENCY NAME AND ADDRESS		Street	City	Zip	DID MANDATED REPORTER WITNESS THE INCIDENT?
REPORTER'S TELEPHONE (DAYTIME)		SIGNATURE		YES NO	
()				TODAY'S DATE	
LAW ENFORCEMENT	COUNTY PROBATION	AGENCY			
COUNTY WELFARE / CPS (Child Protective Services)					
ADDRESS	Street	City	Zip	DATE/TIME OF PHONE CALL	
OFFICIAL CONTACTED - TITLE				TELEPHONE	
				()	
NAME (LAST, FIRST, MIDDLE)			BIRTHDATE OR APPROX. AGE	SEX	ETHNICITY
ADDRESS	Street	City	Zip	TELEPHONE	
					()
PRESENT LOCATION OF VICTIM		SCHOOL	CLASS	GRADE	
PHYSICALLY DISABLED?	DEVELOPMENTALLY DISABLED?	OTHER DISABILITY (SPECIFY)		PRIMARY LANGUAGE	
YES NO	YES NO			SPOKEN IN HOME	
IN FOSTER CARE?	IF VICTIM WAS IN OUT-OF-HOME CARE AT TIME OF INCIDENT, CHECK TYPE OF CARE:			TYPE OF ABUSE(CHECK ONE OR MORE)	
YES	DAY CARE	CHILD CARE CENTER	FOSTER FAMILY HOME	FAMILY FRIEND	PHYSICAL MENTAL SEXUAL NEGLECT
NO	GROUP HOME OR INSTITUTION	RELATIVE'S HOME		OTHER (SPECIFY)	
RELATIONSHIP TO SUSPECT		PHOTOS TAKEN?		DID THE INCIDENT RESULT IN THIS	
		YES NO		VICTIM'S DEATH? YES NO UNK	
NAME	BIRTHDATE	SEX	ETHNICITY	NAME	BIRTHDATE SEX ETHNICITY
1.				3.	
2.				4.	
NAME (LAST, FIRST, MIDDLE)			BIRTHDATE OR APPROX. AGE	SEX	ETHNICITY
ADDRESS	Street				

