

1 **Bainville K-12 Schools**

3 **PERSONNEL**

5232F

5 **Bainville K-12 Schools**  
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: Superintendent*

12 From: \_\_\_\_\_ Title: \_\_\_\_\_

14 School: \_\_\_\_\_ Phone: \_\_\_\_\_

16 Persons contacted:  Superintendent  Teacher  School Nurse  Other \_\_\_\_\_

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

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

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

24 Father: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

26 Mother: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

28 Guardian or  
29 Stepparent: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

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

42 Follow-up by Department of Public Health and Human Services (DPHHS to complete and return  
43 copy to the Superintendent):

45 Date Received: \_\_\_\_\_ Date of Investigation: \_\_\_\_\_