

Crossroad Church

Internal Report for Records

Suspected Child Abuse and Neglect Reporting Form

Fill out the form to the best of your knowledge and keep it as a permanent record in a confidential, secure file. If a section of this report form does not apply, please indicate that section is not applicable.

Name: _____

Department: _____

Date: _____

Important Phone Numbers:

- **Colorado Department of Human Services: 1-844 – 264-5437 (844-CO-4-KIDS)**
- **Northglenn PD – 303-450-8897**
- **Thornton PD – 720-977-5124**
- **Ft. Lupton PD – 303-857-4011**

<input type="checkbox"/> This incident was reported to the appropriate agency. See information below.	<input type="checkbox"/> This incident was <u>not</u> reported because it was determined there was no reasonable suspicion of child abuse for the reason stated below
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1. Name of alleged victim: _____

2. Address and phone number of alleged victim:

3. Age and birth date of alleged victim: _____

4. Race: _____

5. Sex: M/F

6. Name, Address, and Occupation of reporter and the relationship of the reporter to the alleged victim and ORGANIZATION:

7. Name, address, and relationship of suspected abuser to the alleged victim:

8. With whom does the alleged victim reside:

9. What are the relationships of the individuals in the household:

10. Are there other children in the home? If so, list their names and their ages if known.

11. Alleged victim's current location.

12. Is the alleged victim in any immediate danger?

13. Who's custody was the alleged victim released to? Was the custodian notified of the allegation?:

14. Is there any reason to believe that other children may be victims as well? If so, who are the children?

15. Name any other potential witnesses who may have any knowledge of the alleged abuse:

16. Do you know if the alleged victim has previously been involved with Social Services or has made a previous allegation of child abuse?

17. Exactly what did you see/hear/observe about the potential abuse? Be as specific as possible.

18. Describe any injuries, including any evidence of previous cases of known or suspected abuse or neglect of the child or the child's siblings:

19. Name, telephone number, and address of agency called:

Assigned Intake Number: _____

Written Follow-up report sent: _____ Date: _____

Email

Letter

20. Name of person who took the call at the agency:

21. Name, telephone number, and address of local law enforcement called:

22. Written Follow-up report sent: _____ Date: _____

Email

Letter

23. Name of person who took the call at local law enforcement:

24. Name of Attorney: _____

25. Date & Time Contacted: _____

26. Name of insurance company: _____

27. Date and time contacted: _____

28. Phone number of insurance company: _____

29. Policy Number: _____

30. List every staff member, employee, elder, other minor, etc. that was notified or involved of the reporting of child abuse:

IF THIS INCIDENT WAS NOT REPORTED, STATE IN DETAIL THE REASONS THAT LED YOU TO BELIEVE THE KNOWN FACTS WOULD NOT LEAD A PERSON OF ORDINARY CARE AND PRUDENCE TO HAVE REASONABLE CAUSE TO KNOW OR SUSPECT THAT CHILD ABUSE HAS OCCURRED.

31. Name any other documents or forms, such as the standardized reporting form, police reports, attorney letters, or insurance forms that were completed in connection with this report of known or suspected child abuse or neglect. Attach copies to this checklist to keep as a record. Any further action taken: _

32. Any other helpful information:

33. Follow-up Information

This Report was completed by: _____, holds _____ position
at Crossroads Church .

Signature

Date: _____