

# FORT LA BOSSE SCHOOL DIVISION

TITLE - **REPORTING CHILD ABUSE**

POLICY - **JLF-E**

Approval Date - 08/12/97

Cross Reference -

Resolution # - 381/97

Implementation - 08/12/97

Legal Reference -

Last Reviewed - 13/11/12

## FOLLOW-UP TO ORAL REPORT OF SUSPECTED CHILD ABUSE

TO: (Insert here name of agency to which referral has been made)

FROM: (Person making report)

Name \_\_\_\_\_

Position \_\_\_\_\_

School and Address \_\_\_\_\_

Phone Number \_\_\_\_\_

This report is a follow-up to an oral/phone report made:

date and time of oral report \_\_\_\_\_

name of agency and person to whom information was reported: \_\_\_\_\_

Concerning the suspected abuse of:

Name of child \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Father \_\_\_\_\_ Address \_\_\_\_\_  
(include surname) Phone \_\_\_\_\_

Mother \_\_\_\_\_ Address \_\_\_\_\_  
(include surname) Phone \_\_\_\_\_

Guardian/Foster Parent \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

Narrative description of evidence, circumstances, or events leading to suspicion of child abuse:

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What specific follow-up activity was agreed upon by the child-caring agency and/or police at time of oral report?

Other comments or notes:

\_\_\_\_\_  
Signature of Person Reporting

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of School Principal

Date \_\_\_\_\_

Note: Signature of principal indicates only awareness that the report is being made. It does not indicate that the principal acts as co-reporter.

