

## Information Needed To Report Alleged Child Sexual Abuse

Date of Disclosure or Discovery \_\_\_\_\_ Person Making Report \_\_\_\_\_

Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name of Parents \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Name of Alleged Perpetrator \_\_\_\_\_ Phone \_\_\_\_\_

Age \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_

**Others Involved in Alleged Incident:**

Name Age Sex Relationship to Child

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date & Time of Alleged incident: \_\_\_\_\_

Nature of Allegation :

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Other Pertinent Information:**

\_\_\_\_\_

\_\_\_\_\_

**REPORTED TO HOT LINE:**

Date of call \_\_\_\_\_ Time \_\_\_\_\_

Hot Line Worker \_\_\_\_\_

Disposition: \_\_\_\_\_ Accepted \_\_\_\_\_ Refused

Comments:

\_\_\_\_\_

\_\_\_\_\_