

Report of Suspected Child Abuse and Neglect

Was an oral report made to FSD? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes: Who made it?	When was it made?
Child's name		Child's birthdate (or age)
Child's address		
List the names and birthdates (or ages) of any siblings		
Name of primary parent or caretaker 1	Birthdate or age	Relationship to child
Telephone number (with area code)	Is this person the suspected perpetrator? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address		
Name of parent or caretaker 2	Birthdate or age	Relationship to child
Telephone number (with area code)	Is this person the suspected perpetrator? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address		
Name of suspected perpetrator if not indicated above	Birthdate or age	Relationship to child
Address	Telephone number (with area code)	
<p>Explanation of suspected abuse/neglect Include the nature and extent of the child's injuries, any evidence of previous abuse/neglect to the child or the child's siblings, and any other information you believe might help 1) establish the cause of the injuries/reason for the neglect; 2) protect the child and 3) support the family. <i>Use extra paper if needed.</i></p>		

Explanation of suspected abuse/neglect (continued)

Has the injury or problem been discussed with the family? Yes No

Is the family aware you are making this report? Yes No

Other information available: Medical exam Photographs Hospital records X-Rays

Primary person making this report (PLEASE PRINT)

Mailing address

Telephone number (with area code)

Email address

Relationship to child

Agency, organization or school

Other reporter's name & email address (PLEASE PRINT)

Mailing address

Telephone number (with area code)

Agency, organization or school

Other reporter's name & email address (PLEASE PRINT)

Mailing address

Telephone number (with area code)

Agency, organization or school

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Agency, organization or school

Fax this report to: (802) 241-3301

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