

THE HOWARD COUNTY PUBLIC SCHOOL SYSTEM
Ellicott City, Maryland 21042

**REPORT OF SUSPECTED CHILD ABUSE/
CHILD NEGLECT/MENTAL INJURY**

INSTRUCTIONS: Respond to each item even if reply is "unknown" or "none". For suspected child abuse/neglect/mental injury, an oral report must be made to the Howard County Department of Social Services (DSS) (Child Protective Services 410-872-4203 or Adult Protective Services 410-872-8823, as appropriate) or to the Department of Police 410-313-2200, 24 hours/7days a week. This report must be filed within 48 hours after making an oral report. Type or print firmly on a hard surface. (See reverse side for definitions and additional instructions.)

Name of Person Making Report _____ Signature: _____

Position: _____ School Name: _____

School Phone: _____

Check type(s) of referral (check all that apply): Physical Abuse Sexual Abuse Neglect Mental Injury Vulnerable Adult

Name of Child: _____ Sex: F M Birth date: ____/____/____

Address (where child may be seen): _____

Age: _____ Grade: _____ Race: _____

Name of Person(s) Responsible for Child's Care (Parent/Guardian)

Father: _____ Phone: _____

Mother: _____ Phone: _____

Guardian: _____ Phone: _____

Relationship of Guardian, if any: _____

Address: _____ Zip Code: _____

Name of Suspected Abuser: _____ Phone: _____

Address: _____

Relationship (of Suspected Abuser) to Child: _____

State the nature and extent of the current injury to the child or the circumstances leading to the suspicion that the child is a victim of abuse/neglect/mental injury:

Give information concerning previous injury or conditions of neglect to this child or other children in this family situation, including previous action taken, if any:

State any other information available to you which would be of aid in establishing the cause of the injuries and/or neglect.

Oral Report Information:

_____ Date and Hour of Oral Report

Date Mailed: ____/____/____

_____ Name of Agency Representative to whom oral report was made

Agency Contacted: DSS Police Department

Copies: (White) Department of Social Services (Canary) State's Attorney (Pink) Director, Student Services (Goldenrod) Principal's Folder