

## Report of Suspected Child Abuse and Neglect

Child's name:	Child's address:	Birthdate or approximate age:
Was an oral report made to FSD? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, who made the report?	When was it made?
<b>Parents or other person responsible for child's care</b>		
Name of Person 1:	Address:	Relationship to child:
Phone number(s):		Birthdate or approximate age:
Name of Person 2:	Address:	Relationship to child:
Phone number(s):		Birthdate or approximate age:
<b>Suspected perpetrator</b>		
Name:	Address:	Relationship to child:
Phone number(s):		Birthdate or approximate age:
<b>Other person with knowledge of the alleged abuse</b>		
Name:	Address:	Phone number(s):
<p>Explain the suspected abuse/neglect, including the nature and extent of the child's injuries; any evidence of previous abuse/neglect to the child or the child's siblings; and other information you believe might help establish the cause of the injuries/reason for the neglect, protect the child, and support the family (<i>use extra sheet if needed</i>):</p>		

Are there any siblings in the family?  Yes  No

If yes, names of the siblings: \_\_\_\_\_

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

Person(s) making this report	
Name:	Address:
Phone number(s):	
Title or relationship to child:	Agency:
Signature(s):	Date:

**Fax this report to (802) 241-3301 (24 hours a day, 7 days a week).**

**For information on  
mandated reporting, go to:**

[mandatedreporters.vt.gov](http://mandatedreporters.vt.gov)