Code: JLF-E
Adopted: 1/21/85
Amended: 5/20/85
Amended: 5/20/02
Amended: 5/2/16

Hermon School Department

SUSPECTED CHILD ABUSE / NEGLECT REPORT FORM

Any employee of the Hermon School Department who suspects that a child has been or is likely to be abused or neglected (the "notifying person") must immediately notify the building principal using this form. The purpose of this form is to document your reporting and to facilitate confirmation to you that the building principal or other designated school official has made your report to the Department of Health and Human Services (DHHS) or, as appropriate, to the district attorney.

If you have not received written confirmation within 24 hours of submitting this form to the building principal, you must make your own report to DHHS or, if appropriate, to the DA.

1. Name/title/telephone number and email address of notifying person (person who originally has the information and is required to report it):
   _____
   _____

2. Date and time of notifying person's report:
   _____

3. Name/title of school-principal/designated agent this report was made to:
   _____

4. Did notifying person contact DHHS independently: ___ Yes No ___

5. Name of student who is subject of report: _____

   Birth Date: _____ Sex: _____ Grade ____

   Known history of abuse/neglect? _____

   Parent/Guardian Name(s): _____

   Address: _____

   Home Telephone Number: _____

   Work Telephone Number: _____

   Name(s) of sibling(s): _____

6. Statements or indicators leading to the suspicion of abuse/neglect (include all known information, including date, time and location, name of alleged abuser, and relationship to student):
   _____
   _____
   _____

7. List any photographs taken or materials collected related to the report:
   _____
   _____

8. Actions taken by school personnel (list date, time and personnel involved):
   _____
   _____

CONFIRMATION OF REPORT
(Used for confirming principal or designated agent's report to authorities)

Principal or Designated Agent Reports Made to Authorities:

Name of principal or designated agent: _____
Agency contacted by telephone: _____
Name and title of agency contact: _____
Date and time of telephone report: _____
Copy of report form sent (include date and addressee:_____
_____
_____

_____ _____
Principal/Designated Agent Signature Date and Time

EMPLOYEE'S ACKNOWLEDGEMENT OF RECEIPT OF CONFIRMATION
(To be returned to principal or designated agent)

I have received confirmation that my report has been made to DHHS or the DA by the principal or other designated agent.

_____ _____
Notifying Person/Original Reporter's Signature Date and Time
(Employee's Signature)