



Reporting Suspected Child Abuse Form

4030-F1

This form is to be completed by the person who suspects or has reason to suspect the abuse.

Note: Do NOT interview or ask more questions of the student. Only record and report information that the student told you unprompted. Interviewing and/or asking questions of the student jeopardizes any investigations made by RCMP or CFS.

CHILD PROTECTION – SUSPICION OF ABUSE REPORT

Date of Written Report:

Date and Time of Verbal Report:

Verbal Report Given To (include name and agency):

Full Name of Student:

Gender:

Date of Birth:

School:

Nature of concern:

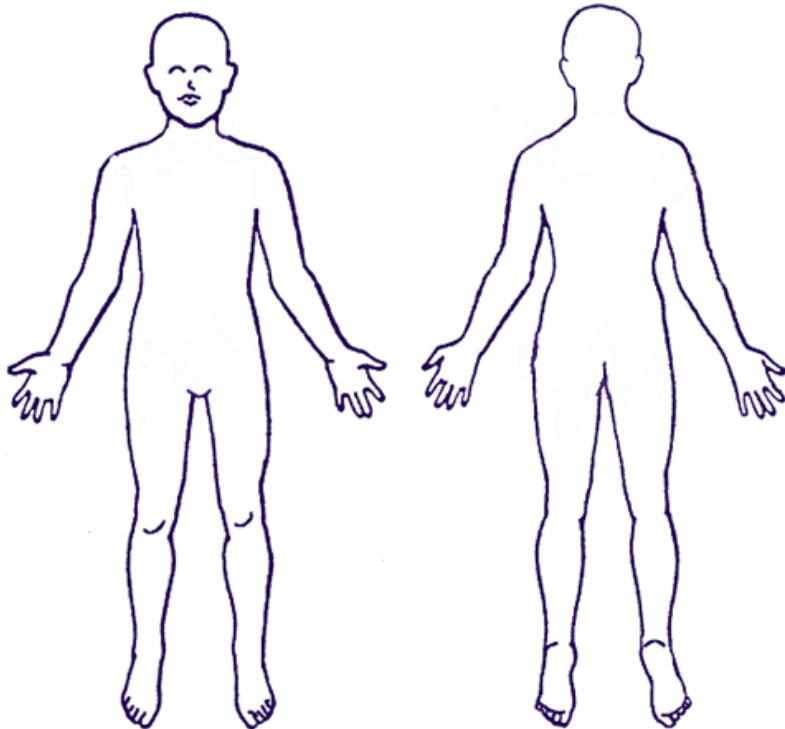
- is without adequate care, supervision or control;
Is in the care, custody, control or charge of a person
 - who is unable or unwilling to provide adequate care, supervision or control of the child, or
 - whose conduct endangers or might endanger the life, health, or emotional well-being of the child, or
 - who neglects or refuses to provide or obtain medical or other remedial care of treatment necessary for the health or well-being of the child or who refuses to permit such care of treatment to be provided to the child when the care or treatment is recommended by a duly qualified medical practitioner;
- is abused or is in danger of being abused; including where the child is likely to suffer harm or injury due to child pornography;
- is beyond the control of a person who has the care, custody, control or charge of the child;
- is likely to suffer harm or injury due to the behaviour, condition, domestic environment or associations of the child or of a person having care, custody, control or charge of the child;
- is subject to aggression or sexual harassment that endangers the life, health, or emotional well-being of the child;
- being under the age of 12 years, is left unattended and without reasonable provision being made for the supervision and safety of the child

Name and address of individual(s) disclosed as or suspected of causing incident (if known):

Disclosure Details

- indicate the date and time of the disclosure
- what was shared with you including any direct quotes from the disclosure
- observations re: how the child looks/is acting
- any other indicators of abuse or neglect that you have noticed

Description of Injury: (if physical, include size, shape, colour, location on body)



Description of Student's Health or Behaviour: (include drastic changes, chronic problems, relevant artwork or acting out)

In your opinion, is the child's safety an immediate concern?

Name of custodial parent(s)/guardian(s) (indicate *P* or *G*):

Names and ages of siblings:

Address:

Telephone:

Submitted by:

Date:

Signature: _____

Principal Signature: _____

Note: Signature of Principal indicates only awareness that the report has been made. It does not indicate that the Principal acts as a co-reporter.

**Original document sent in a sealed envelope marked Confidential to the Interlake School
Division Office and addressed to Student Services Administrator.**