



**SCHOOL DISTRICT OF MINERAL POINT
CHILD ABUSE AND NEGLECT REPORTING FORM**

NAME:		DATE OF BIRTH:	
ADDRESS:		HOME PHONE:	
SCHOOL:		GRADE:	
PARENT/GUARDIAN NAME:		ADDRESS:	
HOURS PARENT/GUARDIAN WORKS:	WORK PHONE:	HOME PHONE:	CELL PHONE:
PARENT/GUARDIAN NAME:		ADDRESS:	
HOURS PARENT/GUARDIAN WORKS:	WORK PHONE:	HOME PHONE:	CELL PHONE:
SIBLINGS' NAMES:	BIRTH DATE:	SCHOOL:	
OTHER PEOPLE LIVING IN HOME (IF KNOWN):			
DATE OF ALLEGED INCIDENT:		TIME:	
DESCRIBE CONCERNS CONTRIBUTING TO A SUSPICION OF CHILD ABUSE OR NEGLECT:			

MANDATED REPORTER(S) SIGNATURE(S) AND TITLE(S)

DATE

THIS REPORT WAS MADE BY TELEPHONE TO CPS INTAKE WORKER AT [\(608\) 930-9801](tel:6089309801)

DATE: TIME: REPORT TAKEN BY:

INITIAL RESPONSE FROM CPS:

WHEN THE FORM IS COMPLETELY FILLED OUT, SEND A COPY TO DIRECTOR OF PUPIL SERVICES.