



Mineral Point School District

Report of Suspected Child Abuse/Neglect

5901.2

Child _____ Date of Birth _____ Sex _____

Parent/Guardian _____ Phone _____

Address _____

School _____ Phone _____ Grade _____

Address _____

Person making report _____

Date of Alleged Incident _____

1. Reason for Referral:

2. Child's Explanation of Injury of Situation:

3. Describe any Physical Observations:

4. Action Taken By School (to whom reported):

_____ Interview Student

_____ Report to principal, counselor, school psychologist

_____ Call made to Department of Social Services (date) _____

- Phone number: 608-930-9801

Signature of reporter (state position) _____

Date of this report _____

*Please file this document in the office, and attach CPS response report when received