

CHILD ABUSE REPORT

To be completed within 24 hours of verbal report to Department of Social Services

To: Iowa County Dept. of Social Services
303 W. Chapel St
Suite 2300
Dodgeville, WI 53533
930-9801 Voice
935-9754 Fax

Reported by:
Mineral Point Middle/High School
705 Ross St
Mineral Point, WI 53565

Child's Name: Date of Birth:

Address: School:

Person(s) responsible for child:

Father: Address:

Phone:

Mother: Address:

Phone:

Other adults in the home: Relationship:

Relationship:

Other children in the home:

Table with 3 columns: Name, Date of Birth, School. Three rows of empty fields for data entry.

Circumstances leading to the suspicion of child abuse including the nature of the injury, if any:

Other pertinent information (i.e. parents contact and response):

Oral report to: Date: Time:

Date mailed/faxed: Copy to Building Principal Date: