Suspected Child Abuse Disclosure Form

Child Information
Child's Name
Age
Gender
Address
Details of Suspected Abuse
Type of Suspected Abuse
Name of Suspected Perpetrator
Relationship to Child
Date/Time of Incident
Location of Incident
Details of Disclosure / What the Child Said or Did
Physical or Behavioral Signs Noted

Action Taken

Immediate Action Taken
Reported To (Agency/Individual Name)
Date Reported
Reporter Details
Name
Position/Role
Contact Information
Date of Report