Child Protective Services Intake Form

Reporter Information

Full Name	_
Relationship to Child	
	_
Phone Number	
Email	
	_
Child Information	
Full Name	
Date of Birth	
Gender	
	•
Age	
Address	
Parent/Guardian Information	
Full Name(s)	
Relationship to Child	
Phone Number	

Allegation Details

Type of Allegation	
	▼
Description of Concern	
Date and Time of Incident	
Location of Incident	
Other Individuals Involved	
Names and Relationships	
Additional Information	
Other Relevant Details	