

**Mail to: Child Protective Services
PO Box 9809
Vancouver, WA 98666**

**CHILD ABUSE REPORTING FORM
Suspected Abuse/Neglect/Exploitation
RCW 26.44.040**

MALE

FEMALE

Student's Full Name _____ *Last First Initial Also Known As* DOB _____

Address _____ *Street and House Number City State ZIP*

Parent(s) Or Guardian(s) _____

Home Phone _____ Work Phone _____

Message/Cell Phone(s) _____ School _____

Teacher _____ Grade _____

Maltreatment Neglect Physical Injury Sexual Abuse Sexual Exploitation Other _____

Description of allegation, injury (*use second page or reverse side of white copy to illustrate*) or concern, including direct quotes when possible, and any other helpful background information:

Signature and Title of Person(s) Making Report: _____

Telephone _____

Date _____

Oral Report To: _____

Date and Time of Oral Report: _____

CPS oral telephone report, telephone number **1-866-363-4276** 24 hrs per day.

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Physical Injury Indicator Chart

Date: _____

Student's Full Name _____ DOB: _____
Last First Initial Also Known As

Indicate areas of injury or concern on body charts below.

