


**REPORT OF SUSPECTED CHILD ABUSE**

### REPORT OF SUSPECTED CHILD ABUSE—JLEB-E



An oral report to a Child and Family Services (CFS) agency should be made as soon as possible following disclosure and/or suspicion of child abuse. If the child's worker is not available immediately, in Winnipeg, call Child and Family All Nations Co-ordinated Response Network (ANCR) at 204-944-4200. Outside Winnipeg, call CFS at 1-866-345-9241. If no one is available immediately and it is an emergency, contact police. Reporting should focus on factual information and not subjective feelings.

#### PART 1—REPORTING INFORMATION

Reporter(s): \_\_\_\_\_ School: \_\_\_\_\_

Reporter's relationship to child: \_\_\_\_\_

Agency reported to: \_\_\_\_\_

Date of oral report to agency: \_\_\_\_\_ Time: \_\_\_\_\_

Child and Family Services worker (who report was made to): \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

#### PART 2—DEMOGRAPHIC INFORMATION

Child: \_\_\_\_\_ Other last names used: \_\_\_\_\_ Grade: \_\_\_\_\_

Birth date: \_\_\_\_\_ Age: \_\_\_\_\_ Address: \_\_\_\_\_

Postal code: \_\_\_\_\_ Phone: \_\_\_\_\_

#### PRIMARY CAREGIVERS/LEGAL GUARDIAN

Name:	_____	Name:	_____
Address:	_____	Address:	_____
Phone:	(h) _____	Phone:	(h) _____
	(w) _____		(w) _____
	(c) _____		(c) _____
Relationship to child:	_____	Relationship to child:	_____

#### IDENTIFY OTHER MEMBERS IN THE HOME (adults and children)

Name	School	Birth Date (dd/mm/yy) or Age

Languages spoken in the home: \_\_\_\_\_

#### PART 3—NATURE OF ALLEGED INCIDENT

Physical abuse     
  Sexual abuse     
  Emotional abuse     
  Neglect

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**PART 4—DISCLOSURE**

Describe the disclosure and/or circumstances that led you to believe that the child is a victim of abuse, neglect, or exploitation. Include direct quotes of the child’s disclosure if applicable.

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**PART 5—OBSERVATIONS**

Describe how the child looks and any other indicators of abuse or neglect you have observed. If applicable, provide a description of the length, size, colour, form, and location of any physical injury observed. Indicate location of injury on diagram. Do not take photos.

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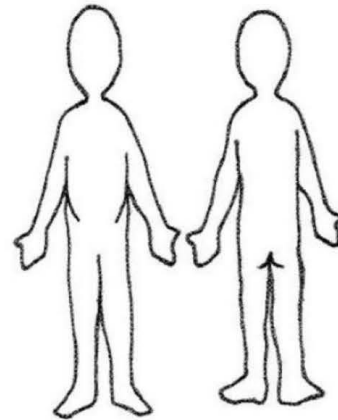
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**PART 6—SAFETY CONCERNS**


Do alleged or suspected offender(s) live in the home or have access to the child?  Yes  No

Explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Describe any other immediate concerns you have about the child’s safety: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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**PART 7—ADDITIONAL INFORMATION**

Describe factors affecting the child's vulnerability, such as disabilities, limited/alternate communication skills, limited social skills, etc.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PART 8—FOLLOW-UP (to be completed after oral report)**

What is the action plan agreed upon by Child and Family Services and the school?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other relevant information:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SIGNATURES**

Signature of reporter	Date
Signature of principal	Date

**Note:** Signature of principal indicates only awareness that the report has been made to the agency. It does not indicate that the principal acts as co-reporter.

**PROCESS**

PLEASE MARK FAX AND ENVELOPE AS **CONFIDENTIAL**.

- Written report to be completed within one working day of oral report.
- Report to be submitted by fax to person receiving oral report.
- Original to the assistant superintendent of student services.
- No copy should be retained by the school

Report faxed to:

Name: \_\_\_\_\_ Agency: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Fax #: \_\_\_\_\_

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Effective Date: March 1, 2005

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Board Motion(s): 126/05; 217/17; 135/23

Legal/Cross Reference:

Review  
Date: