|  |  |  |  |
| --- | --- | --- | --- |
| **CHILD INFORMATION** | | | |
| Name of Child: |  | | |
| Birthdate: |  | Sex: |  |
| Parent/Guardian Name: |  | | |
| Cell Phone: |  | Work Phone: |  |

|  |
| --- |
| **REPORT INFORMATION** |
| 1. Nature and extend of the child’s injuries or evidence of neglect or molestation: |
|  |
| 1. Does child have developmental disorder, handicapping condition or behavior plan? 2. ⬜ Yes ⬜ No |
| 1. Describe any evidence of previous known or suspected abuse or neglect to child, and dates if known. |
|  |
| 1. Names and addresses of the persons responsible for the suspected abuse or neglect: |
|  |
| 1. Names, addresses, telephone number of school and name and position of the person making the report: |
|  |
| 1. Does child have developmental disorder, handicapping condition or behavior plan? 2. Action taken by NEST: ⬜ Yes ⬜ No 3. Date Reported: Time:   *Name of person at DHS*: |
| Action taken by DHS or other agency: |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Date |  | Signature |