

# JLF-E - Suspected Child Abuse/Neglect Report Form

## JLF-E - Suspected Child Abuse/Neglect Report Form

Any employee of **MSAD #35** who suspects that a child has been or is likely to be abused or neglected (the “notifying person”) must immediately notify the building principal using this form. The purpose of this form is to document your reporting and to facilitate confirmation to you that the building principal or other designated school official has made your report to the Department of Health and Human Services (DHHS) or, as appropriate to the District Attorney.

If you have not received written confirmation within 24 hours of submitting this form to the building principal, you must make your own report to DHHS or, if appropriate, to the DA.

1) Name/title/telephone number and email address of notifying person (person who originally has the information and is required to report it):

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2) Date and time of notifying person’s report: \_\_\_\_\_

3) Name/title of school principal /designated agent first report made to:

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4) Did notifying person contact DHS independently: \_\_\_\_ Yes \_\_\_\_ No

5) Name of student who is subject of report: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Sex: \_\_\_\_\_ Grade: \_\_\_\_\_

Known history of abuse/neglect? \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Home and work telephone numbers: \_\_\_\_\_



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Cross Reference: JLF - Reporting Child Abuse and Neglect

JLF-R -Reporting Child Abuse and Neglect Administrative Procedure

JLFA - Child Sexual Abuse Prevention and Response

JLFA-R - Child Sexual Abuse Prevention and Response Procedure

JLFA-E - Suspected Child Sexual Abuse Report Form

Policy Adopted:

Policy Reviewed: April 25, 2018

Policy Revised: November 17, 2021

### **CONFIRMATION OF REPORT**

(Used for confirming principal or designated agent's report to authorities)

Name of principal or designated agent: \_\_\_\_\_

Agency contacted by telephone: \_\_\_\_\_

Name and title of agency contact: \_\_\_\_\_

Date and time of telephone report: \_\_\_\_\_

Copy of report form sent (include date and addressee): \_\_\_\_\_

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\_\_\_\_\_  
Principal/Designated Agent Signature

\_\_\_\_\_  
Date and Time

## EMPLOYEE'S ACKNOWLEDGEMENT OF RECEIPT OF CONFIRMATION

(To be returned to principal or designated agent)

I have received confirmation that my report has been made to DHHS or the DA by the Principal or other Designated Agent.

\_\_\_\_\_

\_\_\_\_\_

Notifying Person/Original Reporter's Signature

Date and Time

(Employee's Signature) \_\_\_\_\_

Reviewed: April 25, 2018

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Revision #1

Created 2022-10-03 15:03:37 UTC by Elaine Robinson

Updated 2024-12-04 18:18:33 UTC by Elaine Robinson