



**Portage Lakes Career Center**

4401 Shriver Road, Uniontown, Ohio 44685 \* (330)896-8200 /FAX (330) 896-8297

**SUSPECTED CHILD ABUSE/NEGLECT REPORT**

The follow-up written report will be completed within 48 hours of the initial report made in person or by telephone to the Summit County Children Services Board or a law enforcement agency.

CHILD'S NAME \_\_\_\_\_ DATE REPORTED \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ SEX \_\_\_\_\_ GRADE \_\_\_\_\_

Circumstances leading to suspicion that a child is victim of abuse/neglect including the nature of injury(ies), if any: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other pertinent information (contributed by other school personnel):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of alleged perpetrator (if known): \_\_\_\_\_

Address (if other than parents): \_\_\_\_\_ Phone: \_\_\_\_\_

Name of person at agency contacted: \_\_\_\_\_

Agency: \_\_\_\_\_ Phone: \_\_\_\_\_

Person Reporting: \_\_\_\_\_ Date: \_\_\_\_\_

Principal: \_\_\_\_\_ Date: \_\_\_\_\_

Copy to: Principal  
School Counselor