

**EDMOND PUBLIC SCHOOL DISTRICT
SUSPECTED CHILD ABUSE REPORT FORM**

CHILD'S NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____ SCHOOL: _____

PARENT(S)/LEGAL GUARDIAN: _____

ADDRESS: _____

I hereby acknowledge that I have a statutory duty to report any suspected abuse to DHS (1-800-522-3511)

A copy of this suspected child abuse or neglect report, confirming a completed call to DHS, must be filed with the supervising site administrator and the superintendent of Edmond Public Schools.

Describe the nature and extent of the suspected child abuse or neglect: _____

Share any verbal description of abuse reported by child: _____

Describe any evidence of previous suspected child abuse or neglect: _____

Names of persons present during the interview with the child: _____

Name of investigating social worker with the DHS (if known): _____

Case #, if known: _____

Electronic Signature of Person Filing Report: _____ Date: _____

Electronic Signature of Supervising Administrator: _____ Date: _____

Please email signed copy of this document to the EPSAC administrator and to the site principal.