## Granite Falls School District SUSPECTED CHILD ABUSE AND NEGLECT REPORT FORM (GFSD Policy 3421)

Rep	oorter Desires:	
	Confidentiality	
	CPS Callback	

## The responsibility of school district staff is to report suspected abuse/neglect within 48 hours to CPS and/or law enforcement. (RCW 26.44)

(Complete report form <u>prior</u> to calling CI	Today's Date				
Student Name	Grade	Birth Date			
Address			Home	Phone	
			Other	Phone	
Gender Primary Language			Ethnic	city	
Parent/Guardian with whom stud	dent lives:				
Names and ages of all children i	n the home:				
Do any of the above listed child		in our district?	□Yes	□ No	
If yes, which school(s) do they a ☐ Preschool/ECEAP		☐ MCE	$\square$ MS	☐ HS	☐ Crossroads
Please check type of alleged abu  ☐ Physical abuse ☐ Other (Specify)	☐ Neglect	☐ Sexual Al	buse 🖵 Em	notional Abus	se
How was alleged abuse disclose	d to you: (i.e. chi	ild self report, ch	ild report on a	unother, your	observations, etc.)
Description/nature of incident: when it happened, where it happ			ern. (i.e. physic	cal appearanc	e, emotional state,

24 HOUL	R CPS CENT	RAL IN-TAK	E NUMBER: 1-86	6-829-2153	
Date/Time reported to CPS: Name of CPS Caseworker:			Time		
			n) are in immediate	danger, call 911.	
Date/Time reported to Law En Law Enforcement Agency:					
Name of Law Enforcement Off Law enforcement case report n	ficer:				
Date/Time reported to building Name of building principal/adr					
Your signature:				Date:	_
Print your name:		Title:		Building:	
Distribution ~ Make <u>copies</u> and send to ☐ Original to Superintendent's Office ☐ Copy to Building Principal/Admini ☐ Copy Mailed to: DSHS, Division of	e (Paris Jimenez) estrator	nily Services, 953 V	illage Way, Suite 100, Moi	nroe, WA 98272	12/2024

Ref. Name/Number:\_\_\_\_

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