

CONFIDENTIAL

EAU CLAIRE AREA SCHOOL DISTRICT
Child Abuse/Neglect Reporting Form

School _____

Student Name _____

DOB _____ Male _____ Female _____

Parent/Guardian _____

Address _____

Phone Number _____

Reason for Report: (Include reason for concern, date of reported incident, and any observations or pertinent information.)

Report made by: _____
(Please print)

Position: _____

Date: ___ - ___ - ___ Time: _____ a.m. p.m.

Eau Claire County Department of Human Services: (715) 839-2300 or (715) 839-1272
Chippewa County Department of Human Services: (715) 726-7788

Intake Worker: _____

Original to: Principal's Office

Copy sent to: Director of Special Education

Referenced Acts, Statutes, Instructions:

Cross Reference:

Adopted: July 1983

Revised: February 2007

EAU CLAIRE AREA SCHOOL DISTRICT BOARD POLICY