



CONFIDENTIAL

Student Name _____

CLOVER PARK SCHOOL DISTRICT CHILD ABUSE AND NEGLECT REPORT RCW 26.44.040

Student Name _____ Birthdate _____ Gender F M
Last First Middle

Student Address _____ Phone _____
Street Address
City State Zip

Name of Parent/Custodian/Guardian _____

Please check type of abuse being reported:

- Physical Injury Neglect Sexual Abuse
- Maltreatment Sexual Exploitation Other (Specify below)

State the "reasonable cause" that led you to believe that abuse occurred: (**What** happened?, **When** did it happen?, **Where** did it happen?, **Who** is alleged to have done the abuse?)

Provide any information regarding the identity of the alleged perpetrator:

State any evidence of previous injuries:

Oral report made to: _____ (Agency Personnel)

Child Protective Services Report Date _____
 Daytime Intake: 253-983-6100 **Fax: (253) 593-5066** Report Time _____
 After 4:30 pm, weekends and holidays: 1-800-422-7517 **MAIL: CPS Intake, 1949 S. State ST, Tacoma, WA 98405**

Lakewood Police Dept. (9-1-1 or 798-4721) **Fax: (253) 830-5069** **MAIL: LPD, 9401 Lakewood DR SW, Lakewood, WA 98499**

Reporting Staff Member _____
 Signature Print Name

 Title Date

Building Administrator _____
 Signature Title Date

School _____ Phone _____

Address _____