

Plaquemines Parish School Board CHILD ABUSE/NEGLECT REPORTING FORM

Name of Child _____

Address _____

Social Security # _____ Date of Birth _____ Sex _____ Race _____

School Attending _____

Child's Parent/Guardian _____

Address _____

Telephone #(home) _____ (Work) _____

Names of Others in the Home _____

Name of Reporter _____

Address _____

Telephone #(home) _____ (Work) _____

Nature, extent, and cause of child injuries or endangered condition _____

Explanation of cause of child's injury or condition offered by child, caretaker, or other person (please refer to which one)

Any other pertinent information _____

If the initial report is in oral form, a written report must be made within five (5) days to the local child protection agency.

REPORTS ARE TO BE MAILED TO:

Phone # 504-393-5618

**Child Protection Supervisor
Department of Social Services
Office of Community Services
9567 Hwy 23, Belle Chasse, LA 70037**

KEEP A COPY FOR YOUR FILE