## MEDWAY SCHOOL DEPARTMENTBOARD POLICY SUSPECTED CHILD ABUSE/NEGLECT REPORT FORM

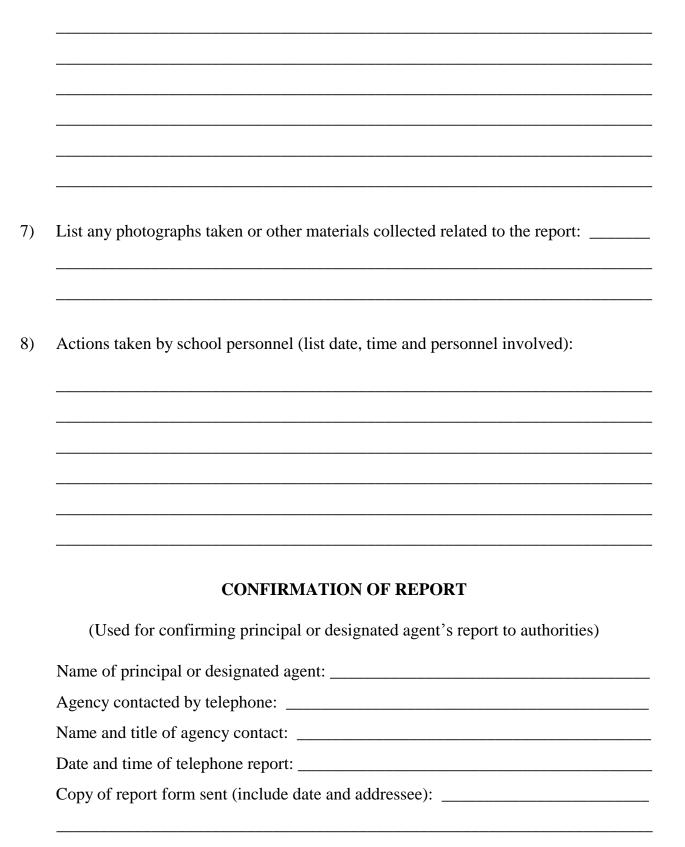
<u>Any</u> employee of the Medway School Department who suspects that a child has been or is likely to be abused or neglected (the "notifying person") must <u>immediately</u> notify the building principal using this form. The purpose of this form is to document your reporting and to facilitate confirmation to you that the building principal or other designated school official has made your report to the Department of Health and Human Services (DHHS) or, as appropriate to the District Attorney.

If you have not received written confirmation within 24 hours of submitting this form to the building principal, you must make your own report to DHHS or, if appropriate, to the DA.

1) Name/title/telephone number and email address of notifying person (person who originally has the information and is required to report it):

Date and time of not	ifying person's report:	
Name/title of school	principal /designated agent first	t report made to:
Did notifying persor	contact DHS independently: _	YesNo
Name of student wh	o is subject of report:	
Birthdate:	Sex:	Grade:
Known history of ab	use/neglect?	
Parent/Guardian Nat	me(s):	
Address:		
	phone numbers:	
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6) Statements or indicators leading to the suspicion of abuse/neglect (include all known information, including date, time and location, name of alleged abuser, and relationship to student):



Principal/Designated Agent Signature

Date and Time

## **EMPLOYEE'S ACKNOWLEDGEMENT OF RECEIPT OF CONFIRMATION**

(To be returned to principal or designated agent)

I have received confirmation that my report has been made to DHHS or the DA by the Principal or other Designated Agent.

Notifying Person/Original Reporter's Signature (Employee's Signature)

Date and Time

First reading: 11.10.15

Second reading and adoption: 12.1.15