

St. Mark's Lutheran Church of Olathe, Kansas, Inc.

CHILD ABUSE AND NEGLECT REPORTING

When is this report taken? Date: _____ Time: _____:

NAME OF THE WORKER OBSERVING OR RECEIVING THE DISCLOSURE OR HAVING A REASON TO SUSPECT ABUSE OR NEGLECT:

Name: _____

Address: _____

Number Street City State Zip

Phone; Cell: _____ Home: _____ Work: _____

(Circle best phone number to contact during day time)

Did this person observe the abuse? Yes No

Was this person told of the abuse? Yes No If Yes, by whom?

Name: _____

Address: _____

Number Street City State Zip

Phone: Cell: _____ Home: _____ Work: _____

(Circle best phone number to contact during day time)

When and where was the information received by the reporting worker?

Date: _____ Time: _____ Location: _____

What action was taken? _____

ALLEGED VICTIM'S NAME: _____ Age: _____

Date of Birth: _____ Home Address: _____

ALLEGED VICTIM'S PARENTS (OR PERSONS RESPONSIBLE FOR THE CHILD'S CARE):

Mother: _____

Address: _____

Number Street City State Zip

Phone; Cell: _____ Home: _____ Work: _____

Father: _____

Address: _____

Number Street City State Zip

Phone; Cell: _____ Home: _____ Work: _____

WHAT INFORMATION WAS GIVEN BY THE ALLEGED VICTIM? (Use continuation page (4) if more space is needed.):

NAME OF ALLEGED PERPETRATOR: _____

Address: _____
Number Street City State Zip

Phone; Cell: _____ Home: _____ Work: _____

DATE AND TIME OF THE ALLEGED INCIDENT: _____

PLACE OF THE ALLEGED INCIDENT: _____

Any other information regarding the alleged incident: _____

DID THE PERSON RECEIVING THE INFORMATION SPEAK TO THE ALLEGED PERPETRATOR?

Yes No If Yes, state: Date: _____ - Time: _____

Place of conversation: _____

What was said during the conversation by both parties: (Use continuation page (4) if more space is needed.)

ACTION TAKEN, IF ANY: (for example, suspension): _____

NATURE AND EXTENT OF INJURIES: *(Describe in detail, including any evidence of any prior injuries)*

WERE THE ALLEGED VICTIM'S PARENT'S NOTIFIED?

Yes No If Yes, by whom: _____

How notified? _____ Date: _____ Time: _____

If no, why not? (Note specific reason) _____

WAS KANSAS DEPT OF SOCIAL AND REHABILITATION SERVICES ("SRS") CONTACTED?

Yes No If Yes, by whom? _____

How notified? _____ Date: _____ Time: _____

If No, why was no contact made? _____

Information Shared: _____

NAME OF SRS WORKER TAKING THE CALL: _____

SRS Case Number assigned to report: _____

WAS A LAW ENFORCEMENT AGENCY CONTACTED?

Yes No If Yes, by whom? _____

Which agency was contacted? _____

Date: _____ Time: _____

If No, why was no call made? _____

Information shared: _____

NAME OF OFFICER taking the call: _____

Law Enforcement Case Number assigned to report: _____

WAS AN ATTORNEY CONTACTED?

Yes No If Yes, Name of Attorney: _____

Address: _____

Phone #s: _____

If yes, who made the contact: _____

With whose authority? _____

Information shared: _____

WAS INSURANCE COMPANY CONTACTED?

Yes No If yes, who made the contact: _____

Date: _____ Time: _____

If No, why was no call made? _____

Information shared: _____

Insurance Company Claim Number: _____

Print Name of Staff Person taking this Report for St. Mark's: _____

Date: _____

Signature of Staff Person Taking Report

