



Surpassing Your Greatest Expectations

school services

4 POINT 0 SCHOOL SERVICES OF _____, INC.
CHILD OR VULNERABLE PERSON ABUSE INCIDENT REPORT FORM

Date of Report: _____ To Whom Reported _____

Person Reporting: _____

Address: _____

Phone Number: _____

Has Reporter Notified the Parent(s)/Guardian(s)? Yes ☐ (If so, Date Notified: _____) No ☐

Has Reporter Notified the School District? Yes ☐ (If so, Date Notified: _____) No ☐

Type of Incident: _____

Describe *where* the incident occurred: _____

Date/Time when the incident occurred: _____

Name of the Child: _____

Age: _____ Gender: _____ Date of Birth: _____

Parent(s)/Guardian(s) Names: _____

Address: _____

Phone Number: _____

What is the nature of the report? (Worries, evidence, etc.) _____

If known, provide the name and contact information of the person(s) allegedly responsible for the incident: _____

How did you become aware of the incident? _____

Any actions taken by Reporter: _____

Signature of Reporter: _____ Date: _____

Signature of Person Assisting with this Form: _____ Date: _____