

# VALDEZ CITY SCHOOL DISTRICT

Office of the Superintendent  
Valdez, AK 99686  
TEL# (907) 835-4357, FAX# (907) 835-4964  
www.valdezcityschools.org

## CHILD ABUSE REPORTING FORM (This form must be used for all reports)

### Suspected Child Abuse or Neglect Report

All school district personnel shall strictly adhere to the state law mandating the reporting of suspected child abuse and neglect. **(AS 47.010 and .20) & Valdez City School District Policy BB.0507.10**

Teachers and school administrators who suspect child abuse or neglect have a legal obligation to report it to the nearest office of the Department of Health and Social Services (DHSS) as soon as possible, and no later than 24 hours after learning of the suspected abuse or neglect. If the person making the report cannot reasonably contact the nearest DHSS office and immediate action is necessary for the well-being of the child, the person shall make the report to a peace officer, who shall take immediate action to protect the child and shall notify DHSS at the earliest opportunity.

This form should be completed by the person making a report of suspected child abuse or neglect to document the office(s) and person(s) contacted. Please fill in as much information as known and return completed form to the building administrator or if they are not available to the Superintendent of Schools.

1. Student Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

2. Brothers/Sisters Name(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3. Parent/Guardian Name and Address: \_\_\_\_\_

\_\_\_\_\_

4. Nature and Description of Reported Abuse: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

You Must Complete the Front and Back of This Form

5. Name, Age, Address of Reported Perpetrator; If Known: \_\_\_\_\_

\_\_\_\_\_

6. Other Data Deemed Important: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Was information regarding the suspected child abuse or neglect provided to you or a school district employee by another person(s)? (Circle) Yes No

8. Name / Phone Number of Person(s) Providing Information: \_\_\_\_\_

\_\_\_\_\_

9. Date / Time Information was Provided: \_\_\_\_\_

10. Person to Whom Information was Provided? \_\_\_\_\_

11. Reports Made: (note the date, time and name of the person(s) to whom reports were made)

- Department of Health and Social Services / Valdez Family Services (835-4789)

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Person(s): \_\_\_\_\_

- Valdez City Police (835-4560)

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Person(s): \_\_\_\_\_

12. Supervisor of Reporting Person: \_\_\_\_\_