

CONFIDENTIAL REPORT OF ALLEGATION FORM

SUBJECT CHILD	PARENT OF SUBJECT CHILD
Name _____ <div style="display: flex; justify-content: space-between; margin-left: 20px;"> Last First MI </div> Address _____ _____ School _____ Grade _____ Sex (M, F, Unknown) _____ Age or Birthday (Mo/Day/Yr) _____	Name _____ Address (if different) _____ _____

SOURCE OF ALLEGATION (Check as Appropriate)
<input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Other - Name _____ Relationship to Child (if any) _____ _____

ALLEGED PERPETRATOR (EMPLOYEE OR VOLUNTEER)
Name _____ School District _____ School Building _____ School Position _____

SPECIFIC ALLEGATION
Use this space to provide information to describe or explain the circumstances surrounding the allegation. (attach additional sheets if necessary)

REPORTER INFORMATION
Name _____ School District _____ School Address _____ School Telephone _____ Relationship to Child (if any) _____ <input type="checkbox"/> Teacher <input type="checkbox"/> School Guidance Counselor <input type="checkbox"/> School Nurse <input type="checkbox"/> School Psychologist <input type="checkbox"/> Administrator <input type="checkbox"/> School Board Member <input type="checkbox"/> School Social Worker <input type="checkbox"/> School personnel required to hold teaching or administrator license or certification Date Submitted to Administrator ____/____/____/ Signature _____

FOR ADMINISTRATOR USE ONLY	FOR SUPERINTENDENT OF SCHOOL USE ONLY
Reasonable Suspicion ____ Yes ____ No	Reasonable Suspicion ____ Yes ____ No
Date Submitted to Superintendent ____/____/____	Date Submitted to Law Enforcement ____/____/____
Name/Signature	Name/Signature
Date Submitted to Law Enforcement ____/____/____ Name/Signature	Date Submitted to Commissioner ____/____/____ Name/Signature