

WHAT TO REPORT TO THE CHILD WELFARE WORKER

Note that this form can be printed or filled in electronically with Acrobat Reader.

CORE INFORMATION

DATE:

TIME:

YOUR NAME:

YOUR HOME PHONE:

YOUR CELL PHONE:

CHILD'S NAME:

BIRTHDATE:

AGE:

SIBLINGS:

PARENTS:

ADDRESS:

ABORIGINAL: YES NO

BAND/AFFILIATION:

EXTENDED FAMILY:

OTHER CHILDREN AT RISK: YES NO EXPLAIN:

OFFENDER INFO:

REPORT INFORMATION

REPORTED TO:

WHEN & WHERE:

WITNESSES/PERSONS WITH OTHER INFORMATION:

IMMEDIATE SAFETY CONCERNS: YES NO

WHY YOU BELIEVE THERE IS RISK:

NARRATIVE: (i.e. direct quotes from child, your notes, etc)

YOUR SIGNATURE: