

**La Center School District
Child Abuse or Neglect Report**

Child Protective Services for Clark County: 866-764-2233

La Center Police Department: 360-263-2745 (info), 311 (non-emergency 24 hr), 911 emergency

Report details:

Student Name: _____

Date _____ Time _____

DOB: _____ Age: ____ Grade: _____

Name of CPS intake worker: _____

Parent/Guardian Name: _____

And/or Intake # _____

Address: _____

Phone Number: _____

Type of abuse reported:

Parent/Guardian Name: _____

Address: _____

Phone Number: _____

- Physical Abuse
- Sexual Abuse
- Emotional Neglect/Abuse
- Neglect
- Medical Neglect
- Sexual Exploitation
- Other _____

CPS actions or recommendations:

Student currently lives with: _____

Siblings: _____

Nature and extent of alleged abuse: Be as detailed and factual as possible without soliciting further information. Include what was said regarding where, when, people involved, people reporting and relationship to the victim. Note type of abuse (physical, sexual, emotional, neglect) and indicators.

Other information which may be helpful in establishing the cause of the child's status::

Signature of Reporter _____

Signature of Administrator _____

Printed Name _____

Printed Name _____

Date copy sent to district office: _____