

Missoula County Public Schools
Personnel 5232 Form
Missoula County School District
Report of Suspected Child Abuse or Neglect
Original to: Department of Family Services
Copy to: Building Principal

From:

Title:

School:

Phone:

Persons contacted: (Principal, Teacher, School Nurse or Other)

Name of Minor:

Date of Birth:

Address:

Phone:

Date of Report:

Attendance Pattern:

Father:

Address:

Phone:

Mother:

Address:

Phone:

Guardian or Step-Parent:

Address:

Phone:

Any suspicion of injury/neglect to other family members:

Nature and extent of the child's injuries, including any evidence of previous injuries, and any other information which may be helpful in showing abuse or neglect, including all acts which lead you to believe the child has been abused or neglected:

Previous action taken, if any:

Follow-up by Department of Family Services (DFS to complete and return copy to the Building Principal):

Date Received:

Date of Investigation: