

PINELLAS COUNTY SCHOOLS
ABUSE/NEGLECT REPORT FORM

NAME

SCHOOL

CONFIDENTIAL
REFERRAL FOR CHILD PROTECTIVE SERVICES

CHILD'S NAME _____

D.O.B. _____ GRADE _____

MOTHER'S NAME _____

FATHER'S NAME
AND/OR OTHER ADULTS _____

Referred to Florida Abuse Hotline via telephone or fax on:

Date _____ Time _____

Call taken by: _____ ID# _____ who stated

the case will be handled: ___ Immediately ___ Within 24 hours ___ Other _____

If the local Department of Children and Families District Office was called, please indicate: Date _____

Time _____

Reason for Report: _____
