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: _____

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