

**Crimes Against Children Division
Child Abuse Hotline
1-800-482-5964
Mandated Reporter's Form**

Date: _____ Time: _____

Hot Line Worker: _____

County: _____

Alleged Victim's Name: _____

Victim's Age/DOB: _____

Care Giver's Name: _____

Address: _____
Street/P.O. Box City State Zip Code

Home Phone: _____ Cell Phone: _____ Msg. Phone _____

Directions (if necessary): _____

Alleged Perpetrator(s) Abuser(s) Name: _____
Last First MI

Alleged Perpetrator's Age/DOB: _____ SS# _____

Address _____
Street/P.O.Box City State Zip Code

Home Phone: _____ Cell Phone: _____ Msg. Phone: _____

Perpetrator's relationship to the alleged victim: _____

Reason for calling: _____

What happened: _____

When did it happen? _____

Who did it? _____

Does the child have injuries now? _____

When was the child last seen and by whom? _____

What was the child's condition? _____

Where is the child located now and how long will he/she be there? _____

Are there any safety concerns in the home (drug/alcohol use, weapons, domestic violence, etc.)? _____

Who else knows or was told of the situation? _____

Additional Information _____
