

**CHILD ABUSE AND NEGLECT REPORT FORM  
MERIDIAN SCHOOL DISTRICT**

State Law (RCW 26.44) requires professional school personnel to report within 48 hours after there is reasonable cause to believe that a child or dependent adult has suffered abuse or neglect. In conjunction with a (phone) report, complete this form to the best of your ability and send to the appropriate Child Protective Service office. (Refer to District Policy & Procedure.)

Student \_\_\_\_\_ Home Phone \_\_\_\_\_

                    First                    M.I.                    Last  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_/\_\_\_/\_\_\_ Gender \_\_\_\_\_

Mother \_\_\_\_\_ Work Phone \_\_\_\_\_

Father \_\_\_\_\_ Work Phone \_\_\_\_\_

Language \_\_\_\_\_ Race \_\_\_\_\_

Other Children Living in the Home (Include Name, DOB, School, and Age) \_\_\_\_\_

Others in the Household (Include Name and Relation) \_\_\_\_\_

**SPECIFIC ALLEGATIONS:** (Describe specific behaviors and conditions. Include where and when incident(s) occurred. Include information regarding possible cause of injuries or identity of perpetrator. Include any child's statements that lead you to believe abuse/neglect has occurred.)

**OTHER INFORMATION:** (Include nature of previous abuse/neglect and the names of persons who may have information about any of the above.)

Person Filing Report \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_  
  Print Name  Signature

Principal \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_  
  Print Name  Signature

School \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

CPS Contacted by Phone? \_\_\_ Yes \_\_\_ No Time and Date of Phone Referral \_\_\_\_\_

CPS Intake Worker (Name) \_\_\_\_\_ Request Call Back? \_\_\_ Yes \_\_\_ No

Distribution: Original To: Children's Protective Services      Copy To: School Office  
  1720 Ellis Street, Suite 100      Other: \_\_\_\_\_  
  Bellingham, WA 98225      \_\_\_\_\_  
  Phone: (360) 647-6100 (Local office-not for reporting)      \_\_\_\_\_  
  **1 800-562-5624 (Central Intake-for reporting)**