

**REPORTING OF CHILD ABUSE
to the
SWEETWATER DEPARTMENT OF PUBLIC ASSISTANCE & SOCIAL SERVICES**

Dear Sir:

Pursuant to the Child Protection Act, this official report is submitted in writing, at your request, following our telephone report to the Agency.

Name of Child _____ Birthdate _____ Sex _____

Name of Parent(s) or Caretaker _____

Address of Parent(s) or Caretaker _____ Phone _____

1. Nature and extent of the child's injuries or evidence of neglect or molestation:

2. Describe any evidence of previous known or suspected abuse or neglect to the child or the child's siblings:

3. Name and addresses of the persons responsible for the suspected abuse or neglect, if known:

4. Name, address, telephone number of school making the report.

5. Action taken at school:
 - a) Department of Education & Social Services

 - b) Police

 - c) Other

Signature _____
Principal

Date _____

School District #1, Sweetwater County, Wyoming