

DETAILS AND DESCRIPTION OF ABUSE: (ATTACH ADDITIONAL SHEETS IF NECESSARY)

ACTIONS TAKEN BY FACILITY, INCLUDING TAKING OF PHOTOGRAPHS AND X-RAYS, REMOVAL OF VICTIM AND NOTIFICATION OF APPROPRIATE AUTHORITIES. (ATTACH ADDITIONAL SHEETS IF NECESSARY)

OTHER PERTINENT INFORMATION, COMMENTS OR OBSERVATIONS DIRECTLY RELATED TO ALLEGED ABUSE INCIDENT AND VICTIM:

NAME AND TITLE OF REPORTER:
(PLEASE TYPE OR PRINT)

NAME:

TITLE:

SIGNATURE OF REPORTER:

REPORTER CONTACT INFORMATION:

TELEPHONE NUMBER:

EMAIL ADDRESS:

DATE:

NAME AND TITLE OF PERSON PREPARING REPORT:
(PLEASE TYPE OR PRINT)

NAME:

TITLE:

SIGNATURE OF PERSON PREPARING REPORT:

PERSON PREPARING REPORT CONTACT INFORMATION:

TELEPHONE NUMBER:

EMAIL ADDRESS:

DATE: