

Report of Suspected Child Abuse

This form may be used as the written report which the law requires all mandated reporters to file with the Department of Human Services following an oral report of suspected child abuse. If your agency has a report form or letter format which includes all of the information requested on this form, you may use the agency format in place of this form.

Fill in as much information under each category as is known. **Within 48 hours** of making the oral report, submit the completed form to the **Centralized Services Intake Unit** via email to csiu@dhs.state.ia.us, or fax to **(515) 564-4011**, or mail to P.O. Box 4826, Des Moines, Iowa 50305.

FAMILY INFORMATION		
Name of child	Age	Date of birth
Address	City	State
Phone	School	Grade level
Name of parent or guardian		Phone <i>(if different from child's)</i>
Address <i>(if different from child's)</i>		
OTHER CHILDREN IN THE HOME		
NAME	BIRTH DATE	CONDITION
INFORMATION ABOUT SUSPECTED ABUSE		
<u>Incident Number (provided by CSIU at the time of the report of suspected child abuse):</u> In this section, indicate the date of suspected abuse; the nature, extent and cause of the suspected abuse; the persons thought to be responsible for the suspected abuse; evidence of previous abuse; and other pertinent information needed to conduct the assessment. Use the back of this form if necessary to complete the information requested above and to identify individuals who have been informed of the child abuse report, such as building administrator, supervisor, etc.		
REPORTER INFORMATION		
Name and title or position		
Office address		
Phone	Relationship to child	
Names of other mandatory reporters who have knowledge of the abuse		
Signature of reporter	Date	