

STATE OF ALABAMA DEPARTMENT OF HUMAN RESOURCES  
**WRITTEN REPORT OF SUSPECTED CHILD ABUSE/NEGLECT**

Please print or type all known information. The Child Abuse/Neglect Reporting Law and instructions are explained on the back of this form.

**SECTION I - CHILDREN ALLEGEDLY ABUSED OR NEGLECTED**

NAME (First, Middle Initial, Last)	SEX	ETHNICITY	DATE OF BIRTH/AGE
1. _____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____
2. _____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____
3. _____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____
4. _____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____
5. _____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____
6. _____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____

**ADDRESS**

Street Address	City	State	Zip	Telephone Number
_____	_____	_____	_____	_____

**SECTION II - OTHER PERSONS LIVING WITH THE CHILDREN (Include parents/custodians and other children in the home)**

NAME (First, Middle Initial, Last)	DATE OF BIRTH / AGE	ETHNICITY	RELATIONSHIP TO THE CHILDREN
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

**SECTION III - PERSON(S) ALLEGEDLY RESPONSIBLE FOR THE ABUSE OR NEGLECT**

NAME (First, Middle Initial, Last)	SEX	ETHNICITY	DATE OF BIRTH / AGE		
1. _____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____		
Street Address	City	State	Zip	Telephone Number	Relationship To Children Allegedly Abused/Neglected
2. _____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____		
Street Address	City	State	Zip	Telephone Number	Relationship To Children Allegedly Abused/Neglected

**SECTION IV - ABUSE OR NEGLECT ALLEGATIONS (Describe what happened, how it affected the children, and the date(s) occurred, if known.)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Did you see the abuse or neglect when it occurred?  Yes  No If no, how did you find out about it? \_\_\_\_\_

Please identify other people who witnessed the abuse/neglect or who may have information about the child's or family's situation.

Name	Address	Telephone #	Relationship to Children
1. _____	_____	_____	_____
2. _____	_____	_____	_____

**SECTION V - OTHER PERTINENT INFORMATION**

\_\_\_\_\_

\_\_\_\_\_

**SECTION VI - REPORTER**

Name	Address	Telephone Number	Title/Agency/Relationship To Children
_____	_____	_____	_____

Did you verbally report the allegations to the Department of Human Resources or law enforcement?  Yes (specify to whom in section below)  No

Name	Name of County DHR, Police Department, or Sheriff's Department	Date Reported
_____	_____	_____

Signature \_\_\_\_\_ Date \_\_\_\_\_