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.		☐ M ☐ F		
2.		☐ M ☐ F		
3.		☐ M ☐ F		
4.		☐ M ☐ F		
5.		☐ M ☐ F		
6.		☐ M ☐ 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.		☐ M ☐ F		

Street Address	City	State	Zip	Telephone Number	Relationship To Children Allegedly Abused/Neglected

	NAME	SEX		
2.		☐ M ☐ 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 _____

For DHR Use Only County _____ Case # _____ Date Report Received _____

DHR-FCS-1593 (September 2002)