



Hotline number:

Agency Contacted:   Law Enforcement (LE)

Date of Contact with Agency/LE: \_\_\_\_\_ Time of Contact with  \_\_\_\_\_

Agency/LE Confirmation Number: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Age of Child: \_\_\_\_\_ ID # \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Names, Ages, ID #s of Additional Children: \_\_\_\_\_

\_\_\_\_\_

Address of Child/ren: \_\_\_\_\_

\_\_\_\_\_

Describe the injuries and/or incident as reported: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Submit form(s) to the principal and/or other designated administrator within 24 hours of hotline reporting. Submit one form for each agency contacted.

\_\_\_\_\_  
*Signature of Principal/Director*

\_\_\_\_\_  
*Date Received*

\_\_\_\_\_  
*Principal and/or other Designated Administrator*

\_\_\_\_\_  
*Date Received*