

Emory University Suspected Child Abuse Reporting Form

REPORTING INDIVIDUAL

Name:

Current address:

City:

State:

ZIP Code:

Phone (work):

Phone (other):

E-mail address:

VICTIM INFORMATION

Name:

Age:

Sex:

Race:

Current address:

City:

State:

ZIP Code:

Phone (work):

Phone (other):

E-mail address:

PARENT / CARETAKER INFORMATION

Name:

Current address:

City:

State:

ZIP Code:

Phone (work):

Phone (other):

E-mail address:

Relationship to victim:

SUSPECT INFORMATION

Name:

Current address:

City:

State:

ZIP Code:

Phone (work):

Phone (other):

E-mail address:

Relationship to victim:

DETAILS OF SUSPECTED ABUSE

Type of Abuse: Circle the correct category--Physical / Sexual / Emotional / Neglect / Other:

Location where abuse occurred:

Details of abuse (if reported by the child, use child's own words when possible) (attach more pages if necessary):

Signature of reporting person:

Date:

Completed forms must be submitted immediately to the Emory Police Department in person at 1784 N. Decatur Road, Suite G-01, Atlanta, Ga. 30022; or, by fax at 404-727-3614 (use cover sheet marked to the attention of the On-Duty Supervisor).