

Mandated Reporter Incident Form

Date Completed: _____

Staff Name: _____

Library: _____

*****Please complete as much of the following as possible. Please do not investigate or approach the Child and/or caregiver for additional information*****

Name of Child: _____

Address of Child: _____

Phone number of Child: _____

School Child attends: _____

Grade of Child: _____

Age of Child: _____

Name of Child's Caretaker: _____

Address of Child's Caretaker: _____

Phone number of Child's Caretaker: _____

Other household members (if known): _____

What type of abuse do you suspect - Physical, Emotional, Sexual, Neglect

Is your concern an ongoing concern with the Child? - Yes or No

Please describe the situation or your specific concern. Please give as many details as possible, including date and time of situation and any potential video camera location footage. _____

When and where did the situation or specific concern arise? _____

How do you know about this situation or what makes you suspect abuse? _____

Who else witnessed the situation? Please provide their name, contact information and witness statement. _____

Has the Child been physically harmed? - Yes or No

Did the Child disclose information to you? What did the Child say? Be as specific as possible, use quotations if possible. _____

Has the Child expressed concerns about going home? If so what concerns and why?

Did the caregiver provide an explanation to you? What did the caregiver say? Be as specific as possible, use quotations if possible.

Has this specific concern, or any other concerns about this Child, come to your attention previously? If so, please provide an explanation of prior concerns you have.

What is the Child's overall appearance, health and wellbeing?

Were the police called? If yes, what is the officer's name?

Additional Comments:

Your contact information, and best time to reach you for additional information:

*****Incidences must be reported as soon as possible. If you are unable to reach your manager, please call Mary Young at 770-605-4099. If you are unable to reach both your manager and Mary Young, please call Ben Carter at 706-818-5809.*****

Incident Reported to: _____

Via (telephone, e-mail): _____

Date and Time Incident Reported: _____

Date and time of CPS follow-up: _____

Additional CPS follow-up: _____

Designated Reporter
(Manager, Administrative Services Librarian, or Library Director)

Date and time received incident report: _____

Date and time reported on-line via <https://cps.dhs.ga.gov/MainDefault.aspx> (please attach a print-out of the on-line report) _____

Date and time of CPS follow-up: _____

Additional CPS follow-up: _____

Outcome: _____

