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| The following report form is for employees and other persons required to report to use to document and file reports made in compliance with ARS §13-3620. **All school personnel**, including but not limited to teachers, administrators, nurses, counselors, psychologists, social workers and any other person responsible for the care and treatment of a minor, **who reasonably believe that a minor is or has been the victim of physical injury, child abuse, or neglect (1) that appears to have been inflicted other than by accidental means, or (2) that is not explained by the available medical history as being accidental in nature, shall immediately report or cause a report of the information to be made by telephone or in person to a police officer or to the Department of Child Safety**. **A written report must then be submitted within seventy-two (72) hours**. The employee or other person required to report should turn this form into the Director and also be certain the report is submitted consistent with law. ***Each person required to report is personally responsible for making the required reports or ensuring that they are made by another person.*** ***Arizona Child Abuse Hotline 1-888-SOS-Child (1-888-767-2445)*** |

**THIS REPORT IS BEING MADE BY THE FOLLOWING INDIVIDUAL:**

|  |  |  |
| --- | --- | --- |
| Click or tap here to enter text. |  | Click or tap here to enter text. |
| Printed Name of Reporting Employee |  | Position |
| Click or tap here to enter text. |  | Click or tap here to enter text. |
| Site Address |  | Telephone |

**THIS REPORT IS ABOUT ALLEGED OR SUSPECTED BEHAVIOR OF THIS INDIVIDUAL:**

|  |  |  |
| --- | --- | --- |
| Click or tap here to enter text. |  | Click or tap here to enter text. |
| Name |  | Date of Alleged or Suspected Behavior |

The individual named above is \*\* (check all that apply)

[ ]  An employee of CGUHSD. Site/position: Click or tap here to enter text.

[ ]  A student in CGUHSD. School/Grade: Click or tap here to enter text.

[ ]  Other (please describe): Click or tap here to enter text.

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| ***\*\*Electronic copy of report alleging employees of Casa Grande UHSD to be sent to Pam Reynolds/HR Director. All others to be sent to Dr. Anna Battle, Superintendent*** |

**THE ALLEGED VICTIM(S) IS/ARE:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name(s), Addresses of Minor/Victim(s): | Click or tap here to enter text. | Age(s): | Click or tap here to enter text. |
| Victim’s Parent(s) / Custodian(s) Names, Address(es): | Click or tap here to enter text. |

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| Describe in detail the facts that led you to form a reasonable belief that a minor is or has been the victim of child abuse, physical injury or neglect, including who is the possible victim and perpetrator, what, when, where, and how you learned of the information. The report must include at least the following information. (*Additional sheets and/or documentation may be attached.)*Nature and extent of Minor’s abuse, injury or neglect:Click or tap here to enter text. |

|  |
| --- |
| Known previous abuse, injury or neglect:Click or tap here to enter text. |

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| Any other information you believe might be helpful in establishing the cause of the abuse, injury or neglect:Click or tap here to enter text. |

The information related in this report is accurate, as I know it on this date.

|  |  |  |
| --- | --- | --- |
|  |  | Click or tap here to enter text. |
| Signature of Reporting Employee |  | Date of Report |

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| --- |
| **TO BE COMPLETED BY THE DIRECTOR OR HIS/HER DESIGNEE:****This written report is being sent to the following agency(ies):** |
| Police Department for (City):  | Click or tap here to enter text. | Contact/Phone: | Click or tap here to enter text. |
|  Dept. of Child Safety Contact:  | Click or tap here to enter text. | Phone:  | Click or tap here to enter text. |
| **An initial telephone or personal report was made by** Click or tap here to enter text.**,** as follows:  |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Date & Time | Phone Number (if reported by phone) | Person/Agency Receiving Report |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Date & Time | Phone Number (if reported by phone) | Person/Agency Receiving Report |
| Click or tap here to enter text. |  |  |
| Printed name of Administrator submitting report |  | Signature of Administrator submitting report |