

RIVERVIEW SCHOOL DISTRICT NO. 407

CHILD ABUSE/NEGLECT REPORT TO CHILDREN’S PROTECTIVE SERVICES

Statewide Toll-free Number for Child Protective Services: 1-800-609-8764

Child’s Name _____ Birthdate _____ Sex _____
Last First Middle

School _____ Grade _____ Teacher _____

Child’s Address _____ City/Zip _____

Name of Parent/Guardian _____ Home phone _____
Work phone _____

Describe specifically the nature and extent of the child’s injuries, abuse or neglect:

Describe evidence of any previous injuries or neglect. Provide dates, if known.

Additional information:

Time/date first reported to Building Administrator/Supervisor: _____

Name of reporting staff member _____ School _____

Signature of reporting staff member _____ Date _____

Name of CPS Case Worker contacted _____ Date _____ Time _____

Copies to: DSHS, Children’s Admin. – Region 4, Division of Children & Family Services,
805 – 156th Ave. NE, MS: N40-4, Bellevue, WA 98007
Building Principal/Program Director
Superintendent or Designee
Originator of Report