



# SUSPECTED CHILD ABUSE REPORT

To Be Completed by Mandated Child Abuse Reporters

Fax to-1-501-618-8952

**\* INDICATES MANDATORY FIELDS**

\*Note That this form is to be used for non-emergency use only

This form can also be found on

[www.arkansas.gov/reportARchildabuse/laws.html](http://www.arkansas.gov/reportARchildabuse/laws.html)

Reporting party	<b>*Name of Reporter</b>		<b>Title</b>	
	<b>Reporters Address</b>			
	<b>Street</b>	<b>City</b>	<b>ZIP</b>	
	<b>*Phone Number &amp; Fax #</b>		<b>*Date of Report</b>	
<b>*Did Mandated Reporter witness the incident?      YES <input type="checkbox"/>      NO <input type="checkbox"/></b>				
Victim Information	<b>Name (last, first, middle)</b>		<b>DOB or Approx age</b>	<b>Sex - Race</b>
	<b>Address</b>		<b>Street</b>	<b>City      ZIP</b>
				<b>Phone</b> (   )
	<b>*Present location of the victim</b>			<b>School or Daycare</b>
<b>Relationship to alleged Offender</b>			<b>Child in Foster Care?</b>	
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
#2 VIC	<b>Name (Last, first, middle)</b>		<b>DOB or Approx age</b>	<b>Sex</b>

DEMOGRAPHIC ROLES:

A/V = Alleged Victim  
 A/O = Alleged Offender  
 PFRC = Person Responsible for Care (of the victim child)  
 Sibling = Sibling to the victim child  
 Other Person = A person living in the home  
 With the victim child not already mentioned

#1	Name	Race	Sex
	Role in Referral	Address	Age/DOB
#2	Name	Race	Sex
	Role In Referral	Address	Age/DOB
#3	Name	Race	Sex
	Role in Referral	Address	Age/DOB
#4	Name	Race	Sex

<b>Role in Referral</b>	<b>Address</b>		<b>Age/DOB</b>
#5	<b>Name</b>	<b>Race</b>	<b>Sex</b>
<b>Role in Referral</b>	<b>Address</b>		<b>Age/DOB</b>
<b>Incident Information</b>	<b>Date/time of incident</b>	<b>Place of incident</b>	
	<p>Narrative- Please include the following: <b>What Happened</b>; Who Did It?; Does the child have injuries now? When was the child last seen and by whom? ; Safety Concerns; Any Drug Use? <b>Where is child now?</b></p>		