

STATE OF ALABAMA DEPARTMENT OF HUMAN RESOURCES
WRITTEN REPORT OF SUSPECTED CHILD ABUSE/NEGLECT

Please print or type all known information. The Child Abuse/Neglect Reporting Law and instructions are explained on the back of this form.

SECTION I – CHILDREN ALLEGEDLY ABUSED OR NEGLECTED

NAME (First, Middle Initial, Last)	SEX	ETHNICITY	DATE OF BIRTH/AGE
1. _____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____
2. _____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____
3. _____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____
4. _____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____
5. _____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____
6. _____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____

ADDRESS _____
Street Address City State Zip Telephone Number

SECTION II – OTHER PERSONS LIVING WITH THE CHILDREN (Include parents/custodians and other children in the home)

NAME (First, Middle Initial, Last)	DATE OF BIRTH / AGE	ETHNICITY	RELATIONSHIP TO THE CHILDREN
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

SECTION III – PERSON(S) ALLEGEDLY RESPONSIBLE FOR THE ABUSE OR NEGLECT

NAME (First, Middle Initial, Last)	SEX	ETHNICITY	DATE OF BIRTH / AGE
1. _____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____

Street Address	City	State	Zip	Telephone Number	Relationship To Children Allegedly Abused/Neglected
2. _____	_____	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F _____

Street Address	City	State	Zip	Telephone Number	Relationship To Children Allegedly Abused/Neglected
_____	_____	_____	_____	_____	_____

SECTION IV – ABUSE OR NEGLECT ALLEGATIONS (Describe what happened, how it affected the children, and the date(s) occurred, if known.)

Did you see the abuse or neglect when it occurred? Yes No If no, how did you find out about it? _____
Please identify other people who witnessed the abuse/neglect or who may have information about the child's or family's situation.

Name	Address	Telephone #	Relationship to Children
1. _____	_____	_____	_____
2. _____	_____	_____	_____

SECTION V - OTHER PERTINENT INFORMATION

SECTION VI - REPORTER

Name	Address	Telephone Number	Title/Agency/Relationship To Children
Did you verbally report the allegations to the Department of Human Resources or law enforcement? <input type="checkbox"/> Yes (specify to whom in section below) <input type="checkbox"/> No			
Name	Name of County DHR, Police Department, or Sheriff's Department		Date Reported
Signature	Date		
For DHR Use Only County	Case #	Date Report Received	