

CONFIDENTIAL SUSPECTED ABUSE, NEGLECT, DEPENDENCY, OR EXPLOITATION REPORTING FORM

DCBS Case Name: DCBS Case Number: Intake ID:

REPORT DATE: INCIDENT DATE(S): TIME RECEIVED:

COUNTY OF REPORT:

1. TYPE OF REPORT:

Child Protective Services (CPS) Yes No
Physical Abuse Neglect Human Trafficking
Sexual Abuse Emotional Injury Dependency

Adult Protective Services (APS): Yes No
Adult Abuse Exploitation Neglect (list type):

2. REFERRAL TRACK:

CPS: INVESTIGATION
APS: INVESTIGATION GENERAL ADULT SERVICES

3. Alleged Victim(s)/Primary Individual(s):

Name(s)	Age	Sex	Program/Subprogram

4. Current Address:
Telephone Number:

5. Allegations:

CPS NOTIFICATION ONLY

NOTE: The information contained on this page is confidential and is only intended for use by Cabinet staff involved in the assessment of this report of suspected abuse, neglect, or dependency.

IT IS NOT TO BE SENT WITH THE INITIAL NOTIFICATION OR THE 72 HOUR INITIAL RESULTS NOTIFICATION.

APS NOTIFICATION ONLY

NOTE: The information contained on this page is confidential and is only intended for use by Cabinet staff and authorized agencies involved in the assessment and/or investigation of this report of suspected abuse, neglect, or exploitation.

13. Reporting Source:

Title/Relationship:

Address:

Telephone number (s): Home:

Work: