

CONFIDENTIAL

School District of Bloomer
Child Abuse/Neglect Reporting Form

School _____

Student Name _____

DOB _____ Male ___ ___ Female ___ ___

Parent/Guardian _____

Address _____

Phone Number =====

Reason for Report: (Include reason for concern, date of reported incident, and any observations or pertinent information.)

Report made by _____
(Please print)

Position _____

Date _____ Time ___ ___ a.m. p.m.

Chippewa County Department of Human Services intake: (715) 726-7788

Intake Worker: _____