DOCUMENTATION SHEET FOR POSSIBLE ABUSE/NEGLECT

*Mark with blue ink on the figures, any bruises, sore, cuts, scratches, marks, etc. as soon as they are discovered.

Use a separate slip for each child.

Child's Name Age

Address

City State Zip Code

Child's Name Age

Address

City State Zip Code

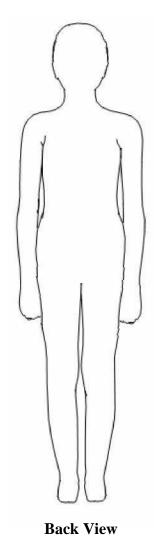
Phone

Date Year

Record exactly child's explanation as to what happened

The marks look like (may have been caused by)

Comments or Additional Information



Color of bruises

- ☐ Reddish purple
- Greenish
- □ Deep purple
- ☐ Yellow
- ☐ Orange
- ☐ Faded Yellow

Date the Department of Social Services was called: _____

Name of person making report or caller: _____Phone:____

Name of case worker: _____Phone:____

Police were called: Yes \square No \square

This form adapted from: G\Forms\Documentation Sheet for Possible Abuse.doc (08/06) CCL form - 289