

**CHILD ABUSE / NEGLECT INCIDENT FORM**

Child's Name \_\_\_\_\_ Center/Option \_\_\_\_\_

Parent/Guardian Names \_\_\_\_\_

Address \_\_\_\_\_

Name and Age of Suspected Victim  
\_\_\_\_\_

Incident Details  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physical Indicators  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Behavioral Indicators  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other agencies involved with the family \_\_\_\_\_

Central Office Notified – FCE Manager \_\_\_\_\_ Director \_\_\_\_\_

Name of caseworker receiving report  
\_\_\_\_\_

Instructions from caseworker *Does the caseworker want this form faxed to them? \_\_\_\_yes \_\_\_\_ no*  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Reporter \_\_\_\_\_ Date \_\_\_\_\_

Child/Adult Protective Services:  
Defiance/Paulding Phone: 419-782-3881 Fax: 419-784-0611  
Fulton Phone: 419-337-0010 Fax: 419-335-0337  
Henry Phone: 419-592-4210 Fax: 419-592-4894  
Williams Phone: 419-636-6725 Fax: 419-636-8843