

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

**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			
Signature _____	Name _____	Name of County DHR, Police Department, or Sheriff's Department _____	Date Reported _____

**For DHR Use Only** County \_\_\_\_\_ Case # \_\_\_\_\_ Date Report Received \_\_\_\_\_