

Mandatory Reporting Documentation Report

This report is to be completed by the staff member filing the suspected child abuse report.

Student Nam	e			
DOB	Age	_		
Address				
Phone #				
Parent/Custo	odian Name			
Address				
Phone #				
Summary of (

List below the names of the persons notified of the suspected child abuse:						
Date Reported	-					
ORPD # 865-425-3504						
ORPD Contact:						
Date Reported						
TN Dept. of Children's Services Chil DCS Contact	d Abuse Hotline # 1-877-237-0004					
	Date Reported					
Please attach a copy of the DCS rep Abuse Coordinator a signed copy of	orting confirmation and provide the school Child f this report.					
Reporting Staff Member	Date					
School Child Abuse Coordinator Sign	nature					
Date Received						