



Mandatory Reporting Documentation Report

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

Student Name _____

DOB _____ Age _____

Address _____

Phone # _____

Parent/Custodian Name _____

Address _____

Phone # _____

Summary of Concerns:

List below the names of the persons notified of the suspected child abuse:

School Child Abuse Coordinator: _____

Date Reported _____

ORPD # 865-425-3504

ORPD Contact: _____

Date Reported _____

TN Dept. of Children's Services Child Abuse Hotline # 1-877-237-0004

DCS Contact _____

DCS File # _____ Date Reported _____

Please attach a copy of the DCS reporting confirmation and provide the school Child Abuse Coordinator a signed copy of this report.

Reporting Staff Member _____ Date _____

School Child Abuse Coordinator Signature _____

Date Received _____