

**NH Division for Children, Youth and Families (DCYF)**

**Abuse/Neglect Report Form**

**1-800-894-5533**

Name of Reporter: \_\_\_\_\_ or check here if reported anonymously: \_\_\_\_\_

Name of DCYF Intake Worker:

\_\_\_\_\_

Date Reported: \_\_\_\_\_ Time Reported: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent(s)/Guardian's Names: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phones: \_\_\_\_\_ Cell Phones: \_\_\_\_\_

Alleged Perpetrator's Name: \_\_\_\_\_

Siblings in the home:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Other School(s) called to be made aware of: \_\_\_\_\_ Spoke with: \_\_\_\_\_

Summary of Concerns:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date/Time made aware of concern: \_\_\_\_\_ By Whom: \_\_\_\_\_

Parent Contacted by School: \_\_\_ Yes \_\_\_ No If yes, Date/Time: \_\_\_\_\_

Follow-up/other:

\_\_\_\_\_  
\_\_\_\_\_

Building Administrator informed: \_\_\_ Yes \_\_\_ No

Report filled out by: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Reporting Employee: \_\_\_\_\_

Signature of Principal:

\_\_\_\_\_