

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 parent(s), stepparent(s) 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	Relationship To Children Allegedly Abused/Neglected
1.	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____
	<small>Street Address City State Zip Telephone Number</small>				
2.	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____
	<small>Street Address City State Zip Telephone Number</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? Yes (specify to whom in section below) No

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

Signature _____ Date _____

File DHR Use Only Cont. Case # Date Report Received

DHR In-take # (205) 387-5400 Fax # (205) 387-5527