

INDIAN CHILD PROTECTION REFERRAL

CONFIDENTIAL INFORMATION

PERSON FILING THIS REPORT:

NAME _____
AGENCY: _____

DATE: _____
PHONE: _____

SUBJECT INFORMATION:

NAME: _____
PARENT: _____
ADDRESS: _____
SCHOOL: _____

DOB: _____
SEX: M or F
PHONE: _____
GRADE: _____

NATURE OF INCIDENT: PHYSICAL OR SEXUAL ABUSE AND/OR NEGLECT
NAME OF CHILDREN: _____

DATE & DESCRIPTION OF INCIDENT: _____

ANY PREVIOUSLY KNOWN/SUSPECTED ABUSE AND/OR NEGLECT OF THIS CHILD OR SIBLINGS? YES or NO IF SO, DATE: _____

NAME OF SIBLINGS & HISTORY: _____

INFORMATION CONCERNING THE ALLEGED OFFENDER:

NAME: _____ PHONE: _____
ADDRESS: _____

PERSON REPORTING THE ALLEGED ABUSE AND/OR NEGLECT:

NAME: _____ PHONE: _____
ADDRESS: _____

***THIS MUST BE FILED IMMEDIATELY WITH CHOCTAW POLICE DEPT. AND CHILDREN & FAMILY SERVICES**

ROUTING ORDER
ORIGINAL TO CHOCTAW POLICE DEPARTMENT
1 COPY TO CHOCTAW CHILDREN'S ADVOCACY CENTER
1 COPY TO SOCIAL SERVICES
1 COPY TO BE RETAINED BY PERSON FILING THIS REPORT