

**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**