

**INDIAN CHILD PROTECTION REFERRAL**

\*CONFIDENTIAL INFORMATION\*

**PERSON FILING THIS REPORT:**

NAME:  
POSITION/TITLE:  
AGENCY:

**DATE:**

**PHONE:**

**SUBJECT INFORMATION:**

NAME:  
PARENT:  
ADDRESS:  
PHONE:  
SCHOOL:  
GRADE:

DOB:  
SEX: M or F

**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