

CHILD PROTECTIVE SERVICE REPORT

Case Name		Worker Safety Concerns <input type="checkbox"/> Yes <input type="checkbox"/> No	Report Number
Date and Time Report Received	CPS Report Type		County
Name - Worker		Name - Supervisor	

I. Family Information

Name - Family			Telephone Number - Home	
Address - Street	Apt. No.	City / Town	State	Zip Code
Primary Language:		Interpreter Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Directions to House				

A. Household Members

Name	Role	Relationship	DOB	Age	Gender	Race

AV = Alleged Victim HM = Household Member NM = Non-Household Member PN = Parent / Parental Role R = Reporter RN = Report Name	A = Asian or Pacific Islander B = Black I = American Indian / Alaskan Native P = Native Hawaiian / Other Pacific Islander U = Unable to Determine W = White
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Information that the child may have American Indian heritage, including names of tribe(s) if known.

B. Parent(s) Not in Home / Other Non-Household Members

Name	Relationship	Address	Telephone No.	DOB	Gender	Race

C. Alleged Maltreatment

Alleged Victim	Relationship to Victim	A/N Code	Description	F

F = Fatality

D. Location of Incident

Address - Street	Apt. No.	City / Town	State	Zip Code
Telephone Number - Home	Telephone Number - Work	Date and Time of Alleged CAN		

E. Contacts / Others with Information About Family

II. Narrative

III. Agency Response

A. Supervisor Screening Decision

Decision	Date / Time Decision was Made
Response Time	Reason
Explain	

B. Yes No Law enforcement notified

Yes No After hours

IV. Signatures

SIGNATURE - Worker

Date Signed

SIGNATURE - Supervisor

Date Signed