DODGEVILLE SCHOOL DISTRICT CHILD ABUSE / WELFARE CONCERN REPORT

This form is to be completed w	vithin 24 hours of verbal report to lowe	a County Department of Social Services.	Reporter should retair	n a copy and a copy goes to the
building principal immediately	. Building Principal:	Date Principal Given Repor	t:	EPS CODE: JHFE (11/21/2011
Child's Identifying Information		Reporter Information		
Child's Name:		Name of Reporter:		
Date of Birth:	School:	Position:	Position: Scho	
		Date of Oral Report to	Date of Oral Report to Social Services: Time:	
Home Address:		Report Witness:		Position:
Responsible Parties:		Oral Report Made to:	•	
Father:	Phone:		303 W. Chapel St., D	odgeville, WI 53533 1 Fax: 608-935-9754
Address:		Intake Worker Name:		
Mother:	Phone:			
Address:				r suspicion of abuse, including
Other contact info:				
Other Children in Home:				
Child's Name:				
	School:			
Child's Name:				
	School:			
Child's Name:				
Date of Birth:	School:			
Other Adults in Home:				
Name:	Relationship:			
Name:	Relationship:	Intake Worker's Respo	onse:	
Name:				
Name:	Relationshin:			