

**Confidential**

**Department of Social Services, Office of Community Services**

**Written Report Form for Mandated Reporters of Child Abuse/Neglect**

I understand that I am making a report of child abuse and or neglect in good faith and in accordance with the Louisiana Children’s Code, Article 610 D. which requires me, as a mandated reporter, to send a written report to the Office of Community Services or law enforcement within five days of having made an initial oral report. I understand that I may report suspected abuse and/or neglect in writing instead of an oral report.

**Please complete the following information to the best of your ability with information known to you. If there are items for which you have no information, please complete with “Unknown”, it is not necessary for you to try and get all the information requested.**

The Written Report is : \_\_\_ Initial Written Report to OCS \_\_\_ Report to Law Enforcement \_\_\_ Follow-up to oral report to OCS on : \_\_\_\_\_ Time: \_\_\_\_\_ at \_\_\_\_\_ OCS Office

Is there any danger to a worker? \_\_\_ None known \_\_\_ Yes, Explain \_\_\_\_\_

Suspected Child Victims:

1. Name: \_\_\_\_\_ DOB/Age \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

2. Name: \_\_\_\_\_ DOB/Age \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

3. Name: \_\_\_\_\_ DOB/Age \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Home Address: \_\_\_\_\_

Parents/Caretakers Names: \_\_\_\_\_

Others in Home: \_\_\_\_\_ Age: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

(Children & \_\_\_\_\_ Age: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Adults if known) \_\_\_\_\_ Age: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Suspected Perpetrator(s): \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

\_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Suspected Perpetrator’s Address: \_\_\_\_\_

Nature, extent and cause of each child’s injuries, neglect, or endangered condition, including any previous known or suspected abuse to this child or the child’s siblings:

Suspected Child Victim's Name (from Page1):

Identity of any child or adult who gave any explanation of the child's injury or condition, along with the date and details of the explanation:

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How and when did this child(ren) victim come to your attention?

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Have you previously reported abuse/neglect on this child or any of his siblings? \_\_\_\_\_ No \_\_\_\_\_ Yes  
If yes, please give the number of times, approximate dates, persons reported, office to which reported and outcome, if known:

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Other Pertinent Information (Include the names of other persons with information about the family and way to contact)

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Reporter's Printed Name: \_\_\_\_\_ Phone #to Contact: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Best Contact Time: \_\_\_\_\_  
Reporter's Address:

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**Instructions for Written Form for Mandated Reporters of Child Abuse/Neglect**

**Use:** This form is available for you to use to make a written report of child abuse and/or neglect to the Office of Community Services or law enforcement. If you are unable to print out the form on your computer, you may contact any Office of community Services parish or regional office and a form will be sent to you.

**Completion:** Please print out the form and complete each item with as much information known by you that may be pertinent to the suspected abuse/neglect. **If there are items for which have no information, please complete with "Unknown"**, it is not necessary for you to try and get all the information requested on this form.

Once the form is completed, please forward it by mail or fax to the Office of Community Services office for the parish in which the child victim(s) normally reside. The list of the local offices, the addresses and the fax numbers is available on this web site, if you do not already have that information. If you have not already made an oral report to OCS, please fax this form as soon as possible. Thank you for your interest and commitment to the safety and well-being of children.