

BELLINGHAM PUBLIC SCHOOL DISTRICT

State law requires professional school personnel to report to Children’s Protective Services within 48 hours after there is reasonable cause to believe that a child or dependent adult has suffered abuse or neglect. In conjunction with a (phone) report, complete this form and send to the appropriate Child Protective Services office. (Refer to District Policy and Procedure).

Name:		Ethnicity:		
		Home Phone:		
Address:				
School:	Grade:	Age:	DOB:	Gender:
Mother:		Work Phone:		
Father:		Work Phone:		
Other Children in the home: (First Name, Middle Initial, Last Name, DOB, School)				
_____		_____		
_____		_____		
_____		_____		
Specify injuries, circumstances, or child’s statement that lead you to think that abuse has occurred:				
NATURE AND EXTENT OF ANY PREVIOUS suspected abuse and/or referrals to CPS, or other information that may indicate a pattern of abuse/neglect. Also list other persons who may have information about any of the above:				
Date:	Person Filing Report:	Principal:		
School:	Address:	Phone:		
CPS Contacted by Phone? <input type="checkbox"/> Yes <input type="checkbox"/> No		Time & Date of Referral:		
Name of CPS Intake Worker:		Case Number		

Distribution:
Original to: Children’s Protective Services
 1720 Ellis Street, Ste 100
 Bellingham WA 98225
 (1-360-647-6110 or 800-794-9402)

Copy to: Bellingham School District
 Kenn Robinson, Student Services
 1306 Dupont Street
 Bellingham WA 98225
 (360) 676-2787