

ROTARY DISTRICT 5010 YOUTH EXCHANGE PROGRAM

REFERRAL FOR SUSPECTED CHILD ABUSE OR NEGLECT

Referral Made to:

() Office of Children's Services (OCS) – Child Protection

() Local Law Enforcement Agency (Identify it) Address:

Telephone/Fax: (toll free) (Office) (Fax)
 Report Telephoned to (Name and Title) (Date) (Time)
 Report Telephoned by (Name and Title) (Date) (Time)
 Report Faxed by (Name and Title) (Date) (Time)

Name of Child Referred Date of Birth M or F
 Race Country of Citizenship

Rotarian Responsible for Child Rotary Program – Interact RYLA YE
 Home Address
 Telephone: (H) (W) (C)

Natural Parents (F) (M)
 Host Parents (if exchange student) (F) (M)
 Home Address (Parents with custody of child)
 Telephone of Father: (H) (W) (C)
 Telephone of Mother: (H) (W) (C)
 Name and DOB of other children living in the home (1) (2)
 (3) (4) (5)

Name of Alleged Abuser Relation to Child M or F
 Home Address
 Telephone: (H) (W) (C)

Where Incident Occurred (be specific)

Date of Incident: Time:

What Happened? *(Provide the facts; describe the events that occurred, relationships between those involved, injuries received, circumstances for the encounter; identify the reason for suspecting abuse or neglect. Record observations and statements made by the child and names of other persons who may have information regarding the child's disclosure)*

Written Report Completed on (Date) at(Time)
 By(Print Name, Title, and Phone)
 Signature of Reporter