

Iowa Department of Human Services  
SUSPECTED CHILD ABUSE REPORTING FORM

This form may be used as the written report which the law requires all mandated reporters to file with the Department of Human Services, following an oral report of suspected child abuse. Fill in as much information under each category as is known. Submit the completed form to the local office of the Department of Human Services.

FAMILY INFORMATION

Name of Child \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Phone: \_\_\_\_\_ School: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

Phone & Address (if different from child's) \_\_\_\_\_

Other Children in the Home:

Name	Birth Date	Condition

INFORMATION ABOUT SUSPECTED ABUSE: In this section, indicate the date of suspected abuse; the nature, extent and cause of the suspected abuse; the person(s) thought to be responsible for the suspected abuse; evidence of previous abuse; and other pertinent information needed to conduct the investigation. Use the back of this form if necessary to complete the information requested above and to identify individuals who have been informed of the child abuse report, such as building administrator, supervisor, etc.

REPORTER INFORMATION

Name and Title or Position: \_\_\_\_\_

Office Address: \_\_\_\_\_

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

Name(s) of other mandatory reporter(s) who has/have knowledge of the abuse:

\_\_\_\_\_

\_\_\_\_\_  
Signature of Reporter

\_\_\_\_\_  
Date