



Report of Suspected Child Abuse or Neglect

CONFIDENTIAL

School: _____

1. Student Information:

Name: _____

Date of birth: (yyyy/m/d) _____

Home address where student currently lives: _____

Home phone number: _____

Grade: _____ Teacher: _____

Parent/Guardian: _____

Names of siblings (if known): _____

Bus student? YES: _____ NO: _____

2. Person making the report:

Name: _____

Relationship to student: _____

District Practice 5150: Child Abuse Protocol

The B.C. Handbook for Action on Child Abuse and Neglect – For Service Providers

http://www.bced.gov.bc.ca/sco/resourcedocs/handbook_action_child_abuse.pdf

Responding to Child Welfare Concerns – Your Role in Knowing When and What to Report

http://www.bced.gov.bc.ca/sco/resourcedocs/child_welfare_your_role.pdf

Child, Family and Community Service Act http://www.bclaws.ca/EPLibraries/bclaws_new/document/ID/freeside/00_96046_01

Revised: September 6, 2023



**DISTRICT PRACTICE 5150
CHILD ABUSE REPORTING PROTOCOL
FORM**

3. Details:

Name of person spoken with: _____

Position: _____

Phone number: _____

Date and time of report: _____

Details: _____

District Practice 5150: Child Abuse Protocol

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Child, Family and Community Service Act http://www.bclaws.ca/EPLibraries/bclaws_new/document/ID/freeside/00_96046_01



**DISTRICT PRACTICE 5150
CHILD ABUSE REPORTING PROTOCOL
FORM**

Details continued (Attach additional pages if necessary):

Document any information the Child Protection Social Worker has shared with you :

Signature: _____ **Date:** _____ **Time:** _____

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