

OTHER ALLEGED MALTREATER/S			
Name:	DOB/Age	Name:	DOB/Age
Address or Directions:		Address or Directions:	
Telephone:		Telephone:	
Relationship to victim:		Relationship to victim:	

OTHER FAMILY/HOUSEHOLD MEMBERS/SIGNIFICANT KIN		
Name	DOB/Age	Relationship to Victim
1.		
2.		
3.		
4.		

CHILD/VICTIM INFORMATION				
Name	DOB/ Age	Victim? Y/N	School/Grade/SPED	Home Address/or Directions
1.				
2.				
3.				
4.				

FACTORS

A. TYPE OF HARM:

	Physical abuse		Threatened physical abuse
	Sexual abuse		Threatened sexual abuse
	Physical neglect		Threatened physical neglect
	Psychological/emotional abuse		Threatened psychological harm

B. EVIDENCE OF HARM:

a	Substantial/multiple skin bruising/Internal Bleeding	j	Extreme pain
b	Injury causing substantial bleeding	k	Extreme mental distress
c	Malnutrition	l	Gross degradation (extreme humiliation)
d	Failure to thrive	M	Death
e	Burns	n	Physical or medical evidence of sexual abuse
f	Poisoning	o	Injury to the psychological capacity/impairment in child's functioning
g	Any fracture	p	Failure to provide adequate care or supervision
h	Subdural hematoma (per medical diagnosis)	q	Intentional Drugging
i	Soft tissue swelling	r	Other:

C. HISTORY, FREQUENCY, DURATION, INTENSITY OF HARM, if known by reporter:

	Single incident, no history, no previous incidents		Occurs repeatedly, several times/year, escalating
	Infrequent incidents, no escalation, short duration		Chronic and serious, ongoing pattern of harm

