



CITY OF MILTON PARKS AND RECREATION REPORT OF SUSPECTED CHILD ABUSE

Within 24 hours of making an oral report, a mandated reporter shall complete and submit a written report to the DFCS. **Please print or type.**

CHILD'S NAME	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	AGE/BIRTH DATE
CHILD'S ADDRESS			
NAME OF PARENT OR GUARDIAN	ADDRESS		PHONE NUMBER
WHERE IS CHILD STAYING PRESENTLY IF NOT AT HOME?			PHONE NUMBER
NAME OF DFCS WORKER TO WHOM ORAL REPORT WAS MADE	DATE OF ORAL REPORT	DATE AND TIME OF SUSPECTED ABUSE	
NAME OF SUSPECTED PERPETRATOR, IF KNOWN	ADDRESS OR PHONE NUMBER, IF KNOWN	RELATIONSHIP TO CHILD	
NATURE AND EXTENT OF THE CHILD'S INJURIES, MALTREATMENT OR NEGLECT			

INFORMATION CONCERNING ANY PREVIOUS INJURIES, MALTREATMENT OR NEGLECT

LIST NAMES AND AGES OF SIBLINGS, IF KNOWN



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REPORT OF SUSPECTED CHILD ABUSE (continued)

DESCRIBE THE CIRCUMSTANCES IN WHICH THE INJURIES, MALTREATMENT OR NEGLECT CAME TO BE KNOWN TO THE REPORTER

WHAT ACTION, IF ANY, HAS BEEN TAKEN TO TREAT, PROVIDE SHELTER OR OTHERWISE ASSIST THE CHILD?

REPORTER'S NAME AND AGENCY	ADDRESS	PHONE NUMBER
REPORTER'S SIGNATURE	POSITION	DATE