

Durango School District 9-R Child Abuse/Neglect Referral Form

Use the information completed on this form when calling in a report to the Department of Human Services*
**not all the information below is required in order to make a report . . . do not delay the report.*

Call 970-385-6438 (during office hours) OR 844-264-5437 (after hours)

**Please state: "I want to speak to a child protection worker to report a child protection concern."
(please do not ask for caseworkers by name)**

**After the referral, copy this form for yourself and your principal,
then send the original to Student Support Services in a confidential file.**

Person reporting to Human Services: _____ Job title: _____

School: _____ Phone: _____ Extension: _____

HS worker receiving your call: _____ Date/Time of call: _____

Child's name: _____ Sex: _____ Age: _____ Grade: _____

Child's physical address: _____ Race: _____

Type of injury or problem (including any bruises or marks): _____

When and where incident occurred: _____

Incidents of previous abuse/neglect: _____

When discovered by caller: _____

What caller did: _____

State any information (if known) as to who may have caused the abuse/neglect: _____

Name: _____ Address (if known): _____

*Siblings in home (if known): _____ Age: _____

_____ Age: _____ Age: _____

*Mother's name: _____ Phones: Home _____ Work: _____

*Mother's address: _____ Cell: _____

*Father's name: _____ Phones: Home _____ Work: _____

*Father's address: _____ Cell: _____

*Guardian's name: _____ Phones: Home _____ Work: _____

*Guardian's address: _____ Cell: _____

Reporter's Signature: _____ Date of Report: _____