

Report of Child(ren) Alleged to be Suffering from Abuse or Neglect



Massachusetts law requires mandated reporters to immediately make a report to the Department of Children and Families (DCF) when they have reasonable cause to believe that a child under the age of 18 years is suffering from abuse and/or neglect by:

STEP 1: Immediately reporting by oral communication to the local DCF Area Office (see contact information at end of form); and

STEP 2: Completing and sending this written report to the local DCF Area Office within 48 hours of making the oral report.

For more information about requirements for mandated reporters and filing a report of alleged abuse and/or neglect please see **A Guide for Mandated Reporters** available on the DCF website at www.mass.gov/dcf.

Please complete all sections of this form. If some data is uncertain or unknown, please signify by placing a question mark ("?") after the entry.

CHILDREN REPORTED

Name	Current Location/Address	Language Spoken	Birth Sex		Age or Date of Birth	ICWA/Tribal Affiliation
			Male	Female		

EMERGENCY CONTACT(S) FOR CHILDREN REPORTED: Please list the emergency contact information for all of the reported children, including contact name, relationship, and contact number information.

OTHER CHILDREN: Please include information about other children in the home/family, including name and age/date or birth (if known).

PARENT, GUARDIAN OR CAREGIVER 1

Name: _____

First	Last	Middle
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Address: _____

Street & Number	City / Town	State	Zip Code
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Phone #: _____ Age/Date of Birth: _____

Language Spoken: _____ Relationship to Child(ren): _____

PARENT, GUARDIAN OR CARGIVER 2

Name:

First

Last

Middle

Address:

Street & Number

City / Town

State

Zip Code

Phone #:

Age/Date of Birth:

Language Spoken:

Relationship to Child(ren):

REPORTER / REPORT

Report Date:

Mandatory Report

Non Mandatory Report

Reporter's Name:

First

Last

Middle

(If the reporter represents an institution, school or facility, please indicate)

Reporter's Address:

Street & Number

City / Town

State

Zip Code

Phone #:

Has reporter informed caregiver of report ?

Yes

No

What is the reporter's relationship to the child(ren)?

What is the nature and extent of injury, abuse, maltreatment or neglect? Please list any prior evidence of same and/or other worries regarding danger to the child(ren). (Please cite the source of this information if not observed firsthand.)

RELATED CONCERNS: Please check all that apply. Substance Use/Misuse Acute/Chronic Medical Condition Runaway Substance Exposed Newborn Housing Instability/Homelessness Gang Involvement Neonatal Abstinence Syndrome Human Trafficking/Labor None Applies Domestic Violence Human Trafficking/Sexually Exploited Child Unknown Mental/Behavioral Health Challenges Teen Parenting Other

DESCRIPTION OF RELATED CONCERNS: Please include additional information that will help DCF further understand the concerns checked above. This includes any specific concerns about alcohol/drug use by the parent/guardian/caregiver. If there are concerns related to domestic violence, please also list any information that will help DCF make safe contact with the family (e.g., work schedule, place of employment, daily routines for the adult victim, etc.).

If known, please provide the name(s) and address, phone #, DOB/age, relationship to child, and language spoken of the person(s) responsible for the injury, abuse, maltreatment or neglect and/or any other information that you think might be helpful in establishing the cause of the injury, abuse, maltreatment or neglect.

What are the circumstances under which the reporter became aware of the injury, abuse, maltreatment or neglect? Please include information on dates and timeframes for when the injury, abuse, maltreatment or neglect occurred.

Pedikit# (if applicable):

Incident Date (if known):

What action has been taken thus far to treat, shelter or otherwise assist the child(ren) to deal with the situation?

Are there any concerns for social worker safety?

Please provide any information about the family's strengths and capacities that you think will be helpful to DCF in ensuring the child's safety and supporting the family to address the abuse and/or neglect concerns.

Signature of Reporter: _____

To report child abuse and/or neglect: Weekdays from 9:00 am to 5:00 pm call the local DCF Area Office.
Weekdays after 5:00 pm and 24 hours on weekends and holidays call the
Child-At-Risk-Hotline 1-800-792-5200

DCF AREA OFFICES

Boston Region

Dimock Street, Roxbury 617-989-2800
Harbor, Chelsea 617-660-3400
Hyde Park 617-363-5000
Park Street, Dorchester 617-822-4700

Central Region

North Central, Leominster 978-353-3600
South Central, Whitinsville 508-929-1000
Worcester East 508-793-8000
Worcester West 508-929-2000

Northern Region

Cambridge/Somerville 617-520-8700
Cape Ann, Salem 978-825-3800
Framingham 508-424-0100
Haverhill 978-469-8800
Lawrence 978-557-2500
Lowell 978-275-6800
Lynn 781-477-1600
Malden 781-388-7100

Southern Region

Arlington 781-641-8500
Brockton 508-894-3700
Cape Cod & Islands 508-760-0200
Coastal, Braintree 781-794-4400
Fall River 508-235-9800
Plymouth 508-732-6200
New Bedford 508-910-1000
Taunton/Attleboro 508-821-7000

Western Region

Greenfield 413-775-5000
Holyoke 413-493-2600
Pittsfield 413-236-1800
Robert Van Wart Center,
East Springfield 413-205-0500
Springfield 413-452-3200