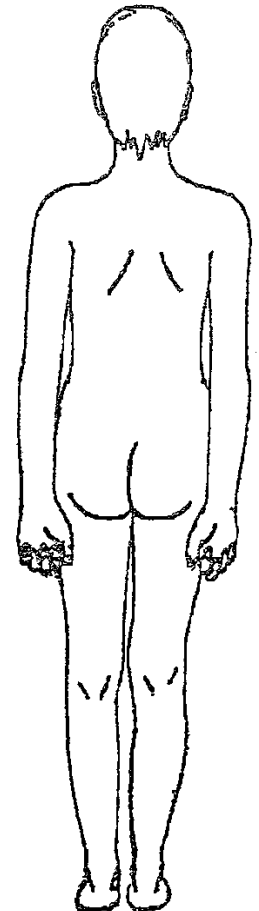
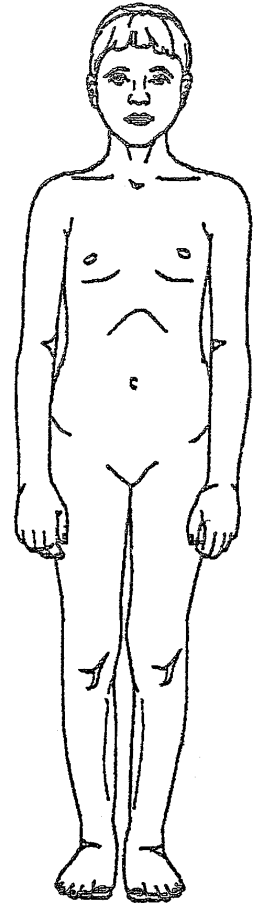


# DOCUMENTATION SHEET FOR POSSIBLE ABUSE/NEGLECT

Mark on the figures any bruises, sores, cuts, scratches, marks, etc. as soon as discovered.  
Use a separate slip for each child.

**PLEASE BE SURE TO USE A RED PEN OR PENCIL IN MARKING THE FIGURES.**

Child's Name:	
Address, City, State & Zip:	
Phone Number:	Date (mm/dd/yyyy):
Record exactly child's explanation as to what happened:	
The marks look like (may have been caused by):	
Comments or additional information:	



Date <b>DCS</b> was called:			
Name & number of <b>caller /reporter</b> :			
Name & number of <b>case worker</b> :			
<b>Police</b> were called:	<input type="checkbox"/> Yes _____ (date/time)	<input type="checkbox"/> No	Police Report # _____ (if applicable)
Date <b>ADHS</b> was called:	<input type="checkbox"/> Yes _____ (date/time)	<input type="checkbox"/> No	Name of surveyor: