

University System of Maryland at Coppin State University
Report of Suspected Child Abuse/Neglect

Today's Date: _____

Person Making Report (Name): _____ **Position /Title:** _____

Institution Name: _____ **Home Address:** _____

Home or Cell Number: _____ **Work Telephone Number:** _____

Nature of Report: **Physical Abuse** **Sexual Abuse** **Neglect** **Mental Injury**

To the extent of your knowledge , please provide the following information:

Information about the child:

Full Name of Child: _____ **Age:** _____

Sex: **Male** **Female** **Race:** _____ **Birthdate:** _____

Address of Child: _____

Information about the suspected abuser:

Name: _____ **Address:** _____

Relationship to the Child: _____

Relationship, if any, to the Institution: _____

Other information to locate the suspected abuser: _____

Information about a child's parent or other person responsible for the child's care:

Name: _____ **Address:** _____

Relationship to the child: _____ **Telephone Number:** _____

I do not have information regarding the child's parent or other caregiver

Description of abuse/neglect:

Description of nature and extent of suspected abuse/neglect/mental injury:

Reason to believe that the child is a victim, including the source of your information:

If known, please also provide the following:

Information about past abuse to the child or other children in the family or other information about family function or relationships:

History of violence, drugs, mental illness relating to child or suspected abuser:

Weapons possessed by the suspected abuser or other potential for violence: _____

Local Child Protective Services (CPS) or CSU's or Baltimore City's Police Department notified:

Name: _____ Location of Department: _____

Telephone Number: _____

Date when called: _____ Time when called: _____

Person to Whom Oral Report was Made: _____

Other concerns, if any:

Possible need for child's referral for counseling, health care, or other services (please specify which services, if any, may be needed and the basis for the potential need):

Any concerns that the victim may experience negative consequences as a result of this report and investigation

Other concerns, regarding suspected abuse, neglect, mental injury or child's needs:

Signature of Reporter

Date

Please consult your institution's procedures for reporting suspected child abuse and neglect for instructions regarding the submission of this form to child protective authorities. After sending the completed form to those persons, be sure to keep any copy that you may return secure and confidential. Report all suspected child abuse and neglect to:

Dr. Lisa Horne Early, Chief Human Resources Officer, Coppin State University, Office of Human Resources, 2500 West North Avenue, Physical Education Complex, Suite 384, Baltimore, Maryland, 21216, 410-951-3666