Board Approved: 06/19/2019

Reference JLF

## NASHUA SCHOOL DISTRICT REPORT TO DIVISION OF CHILDREN, YOUTH AND FAMILIES SUSPECTED ABUSE AND/OR NEGLECT

EMAIL: <a href="mailto:dcyf.centralintake@dhhs.nh.gov">dcyf.centralintake@dhhs.nh.gov</a>

FAX: 603-271-6565

PHONE NUMBER: 1-800-894-5533

School Reporting:						Today's Date:
Name of Student:	DOB:		Age:	Sex:		Grade:
Parent/Guardian:	Address:			Home Phone:		Work Phone:
Siblings' Names/Ages/Schools:						
Incident Information:						
Person Reporting Abuse or Neglect:		Title:		Date: Di		sclosure NOT
					Permi	tted
Person Completing this Report:		Title:		Date:		
Disclosure of School Name Allowed:		Yes	Yes No No			
Alleged Perpetrator: Add		lress:		Relationship to Child:		
Date of Suspected Abuse/Neglect:				Place:		
Nature and extent of suspected abuse, neglect and/or injuries:						
Prior indications of suspected abuse, neglect and/or injuries:						
DIVISION OF CHILDREN, YOUTH AND FAMILIES INFORMATION						
The person completing this form should telephone this report to the on-duty intake worker at the Central Intake Office of the Division Of Children, Youth And Families in Concord, NH at 1-800-894-5533, or fax 603-271-6565						
Date of Call to DCYF Central Intake Office in Concord:  Intake Worker Receiving Call:						
Nashua DCYF Caseworker Assigned to Case:						
Case Founded		Case Unfounded		Date Notified		