

# Report of Child(ren) Alleged to be Suffering from Serious Physical or Emotional Injury by Abuse or Neglect

Massachusetts law requires an individual who is a mandated reporter to immediately report any allegation of serious physical or emotional injury resulting from abuse or neglect to the Department of Children and Families by:

1. Immediately reporting by oral communication; and
2. Completing and sending this written report to the appropriate Department of Children and Families office within 48 hours of making the oral report.

**Please complete all sections of this form. If some data is unknown, please signify. If some data is uncertain, place a question mark after the entry.**

▼ **DATA ON CHILDREN REPORTED**

Name	Current Location / Address	Sex	Age or Date of Birth
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	

▼ **DATA ON MALE GUARDIAN OR PARENT**

Name: \_\_\_\_\_  
 First Last Middle

Address: \_\_\_\_\_  
 Street & Number City / Town State Zip Code

Phone #: \_\_\_\_\_ Age: \_\_\_\_\_

▼ **DATA ON FEMALE GUARDIAN OR PARENT**

Name: \_\_\_\_\_  
 First Last Middle

Address: \_\_\_\_\_  
 Street & Number City / Town State Zip Code

Phone #: \_\_\_\_\_ Age: \_\_\_\_\_

▼ **DATA ON REPORTER / REPORT**

Report Date: \_\_\_\_\_  Mandatory Report  Voluntary 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 caretaker of report  Yes  No

▼ What is the nature and extent of injury, abuse, maltreatment, or neglect, including prior evidence of same?  
(Please cite the source of this information in not observed firsthand.)

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▼ What are the circumstances under which the reporter became aware of the injuries, abuse or maltreatment, or neglect?

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

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▼ Please give other information that you think might be helpful in establishing the cause of the injury  
and /or the person(s) responsible for it. If known, please provide the name(s) of the alleged perpetrator(s)?

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Signature of Reporter: