

## 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](http://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.

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

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### 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): \_\_\_\_\_

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**🔍 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):

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**🔍 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)?

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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.)

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**🔍 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.).

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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.

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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