

State of Illinois
Department of Children and Family Services
Written Confirmation of Suspected
Child Abuse/Neglected Report:
Mandated Reporters

Date: _____

ABOUT: _____
Child's Name

Child's Birthdate

2nd Child's Name (if any)

2nd Child's Birthdate

3rd Child's Name (if any)

3rd Child's Birthdate

Street Address of Child(ren) City Zip Code

Parent/Custodians: _____
Name and Address

Occupation

This is to confirm my oral report of _____, 19__, made in accordance with the
Abused and Neglected Child Reporting Act (325 ILCS 5/1 et. seq.). Please answer the
following questions. (If you need more space, use the back of this page.)

- 1. What injuries or signs of abuse/neglect are there?
2. How and approximately when did the abuse/neglect occur?
How do you know?
3. Had there been evidence of abuse/neglect before now? ___ Yes ___ No
When first seen?
4. If the answer to question 3 is "yes," please explain the nature of the abuse/neglect.
5. Names and addresses of other persons who may be willing to provide information
6. Your Relationship to Child(ren):
7. Reporter Action Recommended or Taken:

PLEASE CHECK THE APPROPRIATE RESPONSE:

- _____ I saw the child(ren)
- _____ I heard about the child(ren) From whom? _____
- _____ I have
_____ told the child's family of my concern and of my report to the Department
_____ I have not
- _____ I am
_____ willing to tell the child's family of my concern and of my report to the
_____ Department.
_____ I am not
- _____ I do
_____ believe the child is in immediate physical danger.
- _____ I do not

 (Signature) (Title) (Organization)
 If Applicable If Applicable

INSTRUCTIONS

The Abused and Neglected Child Reporting Act states that mandated reporters shall promptly report or cause reports to be made in accordance with the provisions of the Act.

The report should be made immediately by telephone to the IDCFS Child Abuse Hotline (800-252-2873) and confirmed in writing via the U.S. Mail, postage prepaid, within 48 hours of the initial report.

MAILING INSTRUCTIONS

Mail the original to the nearest office of the *Illinois Department of Children and Family Services*.
Attention: Child Protective Services.

Mail a copy to:

*State Central Register
 Illinois Department of Children and Family Services
 406 East Monroe
 Springfield, Illinois 62701-1498*

