

STATE OF ALABAMA DEPARTMENT OF HUMAN RESOURCES  
**WRITTEN REPORT OF SUSPECTED CHILD ABUSE/NEGLECT**

Please print or type all known information. The Child Abuse/Neglect Reporting Law and instructions are explained on the back of this form.

**SECTION I - CHILDREN ALLEGEDLY ABUSED OR NEGLECTED**

	NAME (First, Middle Initial, Last)	SEX	ETHNICITY	DATE OF BIRTH/AGE
1.	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____
2.	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____
3.	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____
4.	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____
5.	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____
6.	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____

**ADDRESS**

Street Address	City	State	Zip	Telephone Number
_____	_____	_____	_____	_____

**SECTION II - OTHER PERSONS LIVING WITH THE CHILDREN (Include parents/custodians and other children in the home)**

	NAME (First, Middle Initial, Last)	DATE OF BIRTH / AGE	ETHNICITY	RELATIONSHIP TO THE CHILDREN
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

**SECTION III - PERSON(S) ALLEGEDLY RESPONSIBLE FOR THE ABUSE OR NEGLECT**

	NAME (First, Middle Initial, Last)	SEX	ETHNICITY	DATE OF BIRTH / AGE		
1.	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____		
	Street Address	City	State	Zip	Telephone Number	Relationship To Children Allegedly Abused/Neglected
2.	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____		
	Street Address	City	State	Zip	Telephone Number	Relationship To Children Allegedly Abused/Neglected

**SECTION IV - ABUSE OR NEGLECT ALLEGATIONS (Describe what happened, how it affected the children, and the date(s) occurred, if known.)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Did you see the abuse or neglect when it occurred?  Yes  No If no, how did you find out about it? \_\_\_\_\_

Please identify other people who witnessed the abuse/neglect or who may have information about the child's or family's situation.

Name	Address	Telephone #	Relationship to Children
1. _____	_____	_____	_____
2. _____	_____	_____	_____

**SECTION V - OTHER PERTINENT INFORMATION**

\_\_\_\_\_

**SECTION VI - REPORTER**

Name	Address	Telephone Number	Title Agency/Relationship To Children
_____	_____	_____	_____

Did you verbally report the allegations to the Department of Human Resources or law enforcement?  Yes (specify to whom in section below)  No

Name	Name of County DHR, Police Department, or Sheriff's Department	Date Reported
Signature _____	_____	Date _____

**For DHR Use Only** County \_\_\_\_\_ Case # \_\_\_\_\_ Date Report Received \_\_\_\_\_

## **EXPLANATION OF CERTAIN PROVISIONS OF THE CHILD ABUSE/NEGLECT REPORTING LAW**

**(Code Of Alabama 1975, Sections 26-14-1 through 26-14-13)**

In order to protect children whose health and welfare may be adversely affected through abuse and neglect, this law provides for the reporting of such cases to appropriate authorities. The law also contains **immunity** provisions so that any person making a report pursuant to the statute is immune from any civil or criminal liability that might otherwise be incurred or imposed.

The following institutions and persons are **required by law to report known or suspected child abuse or neglect under a penalty of a misdemeanor, fine or sentence:** hospitals, clinics, sanitariums, doctors, physicians, surgeons, medical examiners, coroners, dentists, osteopaths, optometrists, chiropractors, podiatrists, nurses, school teachers and officials, peace officers, law enforcement officials, pharmacists, social workers, day care workers or employees, mental health professionals, or any other person called upon to render aid or medical assistance to a child when that child is known or suspected to be abused or neglected. In addition, any other person may make a report if that person has reasonable cause to suspect that a child is being abused or neglected.

### **INSTRUCTIONS**

Print or type all known information. Attach additional pages as needed.

#### **SECTION I - CHILDREN ALLEGEDLY ABUSED OR NEGLECTED**

Enter identifying information (name, sex, ethnicity, date of birth or approximate age) for each child in the family who is suspected to be abused or neglect. If the report is for more than one (1) child and they are not all members of the same family, a separate report (1593) must be completed. This includes if the children live in separate households or are a separate family within the same household.

Enter the child(ren)'s address and telephone number.

#### **SECTION II - OTHER PERSONS LIVING WITH THE CHILDREN**

Enter identifying information (name, date of birth or approximate age, ethnicity, and relationship) for each person living in the home with the child(ren) named in Section I.

#### **SECTION III - PERSON(S) ALLEGEDLY RESPONSIBLE FOR ABUSE OR NEGLECT**

Enter identifying information (name, sex, ethnicity, date of birth or approximate age, and relationship to the child(ren) named in Section I) for each person believed to be responsible for the suspected abuse or neglect.

#### **SECTION IV - ABUSE OR NEGLECT ALLEGATIONS**

Describe the alleged abuse or neglect; how it affected the child (physical injury; behavior exhibited by the child due to the suspected abuse/neglect); and provide the date(s) the abuse or neglect occurred, if known.

Provide information on how you became aware of the suspected abuse or neglect.

Enter the name, address, telephone number and relationship of anyone who may have knowledge of the abuse or neglect or the child's/family's situation. If the child(ren) received treatment or evaluation by a doctor or hospital due to the abuse or neglect, provide identifying information on the doctor or hospital (if not the reporter).

#### **SECTION V - OTHER PERTINENT INFORMATION**

Enter any other information which may be helpful (e.g., prior abuse/neglect; name of child's school; parents' employment or working hours; safety concerns for DHR staff who visit the child/family).

#### **SECTION VI - REPORTER (Information is confidential and not released unless required by a court order)**

You are requested to enter your name, address, telephone number and agency or relationship to the children identified in Section I. Indicate whether you made a verbal (telephone or in-person) report to either the local Department of Human Resources or a local law enforcement agency. If a verbal report was made, identify the specific person, agency, and date the report was made. Sign and date the form.