

University System of Maryland
REPORT OF SUSPECTED CHILD ABUSE/NEGLECT

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Person Making Report (Name):	Position/Title:
Institution Name:	Home Address:
Work Telephone Number:	Home or Cell Telephone Number:

Name:	Address:
Relationship to the Child:	Telephone Number:
<input type="checkbox"/> I do not have information regarding š Z Z]o [• %o œ v šgiyœ }š Z œ œ	

Description of Abuse/Neglect:

Description of Nature and Extent of Suspected Abuse/Neglect/Mental Injury:

Reason to believe that the Child is a Victim, including the source of your information:

If known, please also provide the following:

Information about the Past Abuse to the Child or Other Children in the Family or other Information about Family function or Relationships:
History of Violence, Drugs, Mental Illness Relating to Child or Suspected Abuser:
Weapons Possessed by the Suspected Abuser or Other Potential for Violence:

Other Concerns, if any:

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may be needed and the basis for the potential need):

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