Protection of Minors Incident Report – Students/Staff

Please print this form and fill-in by hand, hard-copy should be delivered in a sealed envelope to site supervisor at the Center for Community Engagement located in The Douglas at the corner of 13th St and E. Cherry St, Office hours: Mon-Fri 8:30am-5pm.

1. Reporter Name: ________________________________

2. Supervisor Name: ________________________________

3. Program Director Name: ____________________________

4. Date of Incident: ________________________________

5. Site/School:
   - □ Bailey Gatzert Elementary
   - □ Washington Middle School
   - □ Garfield High School
   - □ Other: ____________________________

6. Name of Child: ________________________________

7. Nature of Injury (please check all that apply):
   - □ Mental
   - □ Physical
   - □ Emotional
   - □ Other: ____________________________

8. What led to the suspicion of child abuse or other safety concerns?

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