



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?**
