

Washington County Department of Education

Reporting of Child Abuse Form

6.409.2

1 The Child Abuse Coordinator shall be responsible for filing this form and maintaining any other
2 necessary records. This form shall be completed after the report has been made to the Tennessee
3 Department of Children's Services (DCS) (855-209-4226, 615-770-0074, 877-237-0004, or
4 <https://apps.tn.gov/carat/>) and law enforcement (School Resource Officer (SRO) or 911).

5 Name of Student: _____ DOB: _____ Age: _____

6 School: _____ Grade: _____ Ethnicity/Race: _____

7 Name of Parent(s)/Guardian(s): _____

8 Address: _____

9 Phone Number: _____ Email Address: _____

10 Who reported the alleged abuse: _____

11 Information reported: _____

12 _____

13 _____

14 Siblings/School: _____

15 Date of abuse (if known): _____

16 Date and time abuse reported to DCS and law enforcement: _____

17 DCS Case #: _____ Sherriff's Intake #: _____

Additional Information: _____

Signature of Reporter: _____ Date: _____

Signature of Child Abuse Coordinator: _____ Date: _____

Notify: Nurse ___ School Counselor ___ Administrator ___ CO ___ (Only if 911 was called.)

Scan Form: CSH@wcde.org ___ Murphyj@wcde.org ___ Roystond@wcde.org ___