



The Louisiana Department of Children and Family Services Online Report Site is designed to provide our Mandated Reporters the ability to report non emergent information related to alleged child abuse and/or neglect.

Failure to provide complete information related to the situation and circumstance you are reporting may delay a response in assessing the safety and wellbeing of the child/children.

\*\*\* If this is an urgent matter or involves a child fatality-- please call 1-855-452-5437 immediately. \*\*\*

\*\*\*If this is a substance exposed newborn case – please call 1-855-452-5437 immediately. \*\*\*

## Reporting Concerns for Child Victims

Date & Time of Report: \_\_\_\_\_  Initial Report  Follow Up to Oral Report

\* Indicates REQUIRED information. Enter N/A for unknown information.

### REPORTER INFORMATION

This information is required for professionally mandated reporters per the Louisiana Department of Children and Family Services and the Louisiana Children’s Code Article 610.

Your Last Name: \_\_\_\_\_ Your First Name: \_\_\_\_\_ Your Middle Name: \_\_\_\_\_

Primary Contact Number (include phone type): ( ) \_\_\_\_\_ After Hour Contact Number: ( ) \_\_\_\_\_

Do you consent to be contacted if additional information is needed? \_\_\_\_\_  
*Please note if we cannot contact you and/or the information is incomplete, this may prohibit us from fully assessing the circumstances of the family and may result in the report being non-accepted.*

Additional Contact Number (include phone type): ( ) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Parish: \_\_\_\_\_ State: \_\_\_\_\_

Your Agency: \_\_\_\_\_

Your Job Title: \_\_\_\_\_

Your Email: \_\_\_\_\_

### VICTIM LOCATION INFORMATION

Home Address: \* ( ) \_\_\_\_\_

City: \* \_\_\_\_\_ Zip Code: \* \_\_\_\_\_ Parish: \* \_\_\_\_\_ State: \* \_\_\_\_\_

Home/Work/Cell Telephone Numbers of any person in the report (please specify whom the number belongs to):  
\_\_\_\_\_

What is the victim's current location? (Example: Home, School, Day Care) \* \_\_\_\_\_



Did the incident take place at a Facility or Day Care? If so, enter the Facility or Day Care Name and Address: \_\_\_\_\_

Any other known addresses or locations that would be helpful in locating any person in the report (schools, work locations, etc.): \_\_\_\_\_

**REASON FOR CALL \***

What prompted you to report this situation/concern today? \_\_\_\_\_

When did this situation/concern come to your attention? \_\_\_\_\_

**DESCRIPTION OF INCIDENT \***

Please describe the following if known: **WHAT** happened, **WHO'S** involved, **WHEN** and **WHERE** did the incident occur, impacts/effects on the victims, a description of injuries and/or threat of harm, the frequency of occurrence, and the history of occurrences.

Multiple horizontal lines for writing the incident description.

Additional space is available on the last page for documentation.

## INFORMATION ON CHILDREN

In this section please list all known victims as well as other non-victim children residing in the home. Also, indicate if the child is a Foster Child.

| <u>NO</u> | <u>First Name</u> | <u>Last name</u> | <u>DOB/AGE*</u> | <u>Sex<br/>M/F</u> | <u>Race</u> | <u>SSN</u> | <u>Is this person<br/>a Victim?<br/>Yes/No</u> | <u>Is this Person<br/>a Foster<br/>Child? Yes/No</u> |
|-----------|-------------------|------------------|-----------------|--------------------|-------------|------------|--|--|
| <u>1</u>  |                   |                  |                 |                    |             |            |  |  |
| <u>2</u>  |                   |                  |                 |                    |             |            |  |  |
| <u>2</u>  |                   |                  |                 |                    |             |            |  |  |
| <u>4</u>  |                   |                  |                 |                    |             |            |  |  |
| <u>5</u>  |                   |                  |                 |                    |             |            |  |  |
| <u>6</u>  |                   |                  |                 |                    |             |            |  |  |
| <u>7</u>  |                   |                  |                 |                    |             |            |  |  |

## INFORMATION ON ADULTS

In this section please list all alleged perpetrators as well as other adults residing in the home.

| <u>No</u> | <u>First Name</u> | <u>Last Name</u> | <u>DOB/Age</u> | <u>Sex M/F</u> | <u>Race</u> | <u>Relationship to Victim</u> |
|-----------|-------------------|------------------|----------------|----------------|-------------|-------------------------------|
| <u>1</u>  |                   |                  |                |                |             |                               |
| <u>2</u>  |                   |                  |                |                |             |                               |
| <u>3</u>  |                   |                  |                |                |             |                               |
| <u>4</u>  |                   |                  |                |                |             |                               |
| <u>5</u>  |                   |                  |                |                |             |                               |
| <u>6</u>  |                   |                  |                |                |             |                               |
| <u>7</u>  |                   |                  |                |                |             |                               |

## OTHER INDIVIDUALS

Please list other individuals who might be aware of the abuse, abandonment, neglect, or exploitation of the victim.

|   | <u>First Name</u> | <u>Last Name</u> | <u>Relationship to<br/>Victim</u> | <u>Address</u> | <u>Home Phone</u> | <u>Work Phone</u> |
|---|-------------------|------------------|-----------------------------------|----------------|-------------------|-------------------|
| 1 |                   |                  |                                   |                |                   |                   |
| 2 |                   |                  |                                   |                |                   |                   |
| 3 |                   |                  |                                   |                |                   |                   |
| 4 |                   |                  |                                   |                |                   |                   |
| 5 |                   |                  |                                   |                |                   |                   |

**ADDITIONAL FAMILY DYNAMIC INFORMATION (If known)**

If known, please provide any information known that describes normal day to day behaviors and activities of the victim, alleged perpetrator, domestic violence, substance abuse, mental health of any person identified as residing in the home.

Also, how would you describe the typical interactions between the children and adults?

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Can you describe normal disciplinary practices in the home?

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**DISABILITIES**

Please identify if any child or adult listed has any disabilities, limited English proficiencies and/or if interpreter services are needed.

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