



**SPOKANE TRIBE OF INDIANS
REPORT OF CHILD ABUSE & NEGLECT**

P.O. Box 540, Wellpinit, WA 99040 * (509) 258-7502 * Fax (509) 258-7029

PARENT INFORMATION:

MOTHER'S NAME (Last, First, Middle Initial)

ETHNICITY/TRIBAL STATUS

DOB:

FATHER'S NAME (Last, First, Middle Initial)

ETHNICITY/TRIBAL STATUS

DOB:

COMPLETE MAILING ADDRESS: MAILING & PHYSICAL

PRIMARY LANGUAGE

TELEPHONE/CELL

EMERGENCY

OTHER NAMES USED

CASE INFORMATION:

INTAKE WORKER'S NAME

REFERRAL DATE

REFERRAL TIME

ACTIVE CPS _____

Prior CPS **Criminal History** **Police Report** **Incident Report**

Name of worker

NAMES OF CHILDREN (check children identified as victims):

Last, First, MI	DOB:	Sex	School Attended	Victim
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TYPE of CA/N:

(Check all that apply):

- Physical Abuse
 Sexual Exploitation
 Sexual Abuse
 Negligent Treatment or Maltreatment
 Abandonment
 Medical Neglect
 Other: _____

REFERRANT IDENTIFICATION:

Name of Referrant:

Relationship to Family:

Address/Work Address:

Telephone Number:

Requests Call Back: Yes No

Requests Confidentiality Yes No

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BASIS OF REFERRANTS KNOWLEDGE:

- First Hand Knowledge
- Judgment based on circumstantial evidence
- Second Hand Information
- Child Disclosure
- Other: _____

Specific Allegations: Describe specific behaviors and conditions. Include where and when incidents occurred. Additional risk factors? (be specific in writing details)

ALLEGED PERPETRATOR IDENTIFICATION:

Name: Relationship to Family:

Address/Work Address: Telephone Number:

Access to Child: Yes No

INTAKE DECISION: Social Worker assigned to: _____

Date: _____

- Information Only
- Accepted for Investigation
- Third Party Report
- Other: _____