

CHILD ABUSE/NEGLECT REFERRAL FORM

INFORMATION AND INSTRUCTIONS

Reporting Child Abuse and Neglect

A report of suspected child abuse or neglect is only a request for an investigation. The person making the report does not need to prove or provide proof that abuse has or may have occurred. Investigation is the responsibility of the Child Protective Services Agency and/or law enforcement.

The Child Abuse & Neglect Hotline takes reports of Physical Abuse, Sexual Abuse, Emotional Abuse and Neglect. A person making a report will be asked for as much identifying information about the family as possible.

The report must contain, if obtainable ([NRS 432B.230](#)):

- Name, address, age and sex of the child
- Name and address of the child's parent or other person who is responsible for their care
- The nature and extent of the abuse or neglect of the child
- Any evidence of previously known or suspected abuse or neglect of the child or child's siblings
- The name, address and relationship, if known, of the person who is alleged to have abused or neglected the child
- Any other information known to the person making the report

When you report child abuse or neglect, your name is confidential and cannot be disclosed. Reports can be made anonymously.

When should a report be made?

A person must report or act "as soon as reasonably practical." If, in light of all the surrounding facts and circumstances which are known or which reasonably should be known to the person at the time, a reasonable person would act within approximately the same period under those facts and circumstances ([NRS 432B.121](#)).

Filling out the Form

- Complete each field to the best of your ability. If you do not know exact dates of birth, approximate age is acceptable.
- Type the information into the form below and then click the **Submit by Email** button to send the information to the Child Abuse & Neglect Hotline.
- You also have the option to print out the completed form for your records, or to submit the form by fax.
- You may also print out a blank form, fill it in by hand, and fax it to the Child Abuse & Neglect Hotline.
- The Child Abuse & Neglect Hotline fax number is 702-455-6494.



CHILD ABUSE/NEGLECT REFERRAL FORM

Clark County Department of Family Services



A. SOURCE INFORMATION:

Please provide your name and phone number, so the Hotline may call you back if additional information is needed.

SOURCE'S NAME (Last, First, M.I.) SOURCE'S TITLE (Parent, teacher, attorney, guardian, etc.) SOURCE'S PHONE NO. BEST TIME TO CONTACT YOU (day or evening)?

WOULD YOU LIKE A DFS EMPLOYEE TO CONTACT YOU TO CONFIRM RECEIPT OF THIS REFERRAL? Yes No

B. CHILD ABUSE/NEGLECT REFERRAL PARTICIPANTS:

CHILD'S NAME (VICTIM) (Last, First, M.I.) DATE OF BIRTH RACE GENDER MALE FEMALE LANGUAGE

CHILD'S NAME (VICTIM) (Last, First, M.I.) DATE OF BIRTH RACE GENDER MALE FEMALE LANGUAGE

CHILD'S NAME (VICTIM) (Last, First, M.I.) DATE OF BIRTH RACE GENDER MALE FEMALE LANGUAGE

CHILD'S NAME (SIBLING) (Last, First, M.I.) DATE OF BIRTH RACE GENDER MALE FEMALE LANGUAGE

CHILD'S NAME (SIBLING) (Last, First, M.I.) DATE OF BIRTH RACE GENDER MALE FEMALE LANGUAGE

DOES THE CHILD ATTEND SCHOOL? Yes No Unknown IF YES, PROVIDE SCHOOL NAME.

CHILD'S (VICTIM) MOTHER'S NAME (Last, First, M.I.) DATE OF BIRTH RACE LANGUAGE

CHILD'S (VICTIM) FATHER'S NAME (Last, First, M.I.) DATE OF BIRTH RACE LANGUAGE

FAMILY ADDRESS (where child resides): Street: City: State: Zip:

FAMILY Phone Number (where child resides): Home: Cell: Work:

NAMES OF ANY OTHER CARETAKERS OR PEOPLE RESIDING IN THE HOME (INCLUDING OTHER CHILDREN):

IS THIS A FOSTER FAMILY? Yes No Unknown

C. DESCRIPTION OF CHILD ABUSE/NEGLECT:

Please provide a description of the abuse and/or neglect (victim and abuser), the severity of the injury, where the alleged incident occurred and who was present at time of the incident.

[Empty space for description of abuse/neglect]

HOW IS THE CHILD REACTING TO THE SITUATION? *(Please list specific behaviors exhibited by the child (e.g., fearful)).*

ANY PREVIOUSLY KNOWN OR SUSPECTED ABUSE OR NEGLECT OF THE CHILD? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	DOES THE CHILD CURRENTLY HAVE MARKS OR BRUISES? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown IF YES, PLEASE DESCRIBE THE LOCATION OF THE MARKS/BRUISES AND SEVERITY. <i>(Be specific.)</i>
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IF KNOWN, PLEASE DESCRIBE ANY ISSUES THE PARENTS MAY HAVE WHICH INHIBIT THEIR ABILITY TO CARE FOR THE CHILD.
(e.g., drug use, mental/physical disabilities)

WHERE IS THE CHILD CURRENTLY LOCATED?	WAS LAW ENFORCEMENT CONTACTED? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, PLEASE PROVIDE DATE AND EVENT NUMBER.
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CURRENT OR PREVIOUS DOMESTIC VIOLENCE BETWEEN THE PARENTS? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	WHEN DID YOU BECOME AWARE OF THIS INFORMATION, OR HOW DID YOU WITNESS THE ABUSE/NEGLECT?
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