

DOCUMENTATION OF REFERRAL TO CHILD PROTECTIVE SERVICES
WV CPS Hotline: 1-800-352-6513

Name of mandated reporter: _____

Date and time of referral: _____

Child referred: _____

Date of birth: _____ Age: _____ Gender: _____ M _____ F

Address: _____

Date of alleged abuse: _____

Location of disclosure and to whom _____

<u>Parent(s) and/or Guardian(s):</u>	<u>Relationship to (mom, dad, grandma, etc)</u>	<u>Age:</u> (estimated)	<u>Phone:</u>	<u>Employer:</u>
--	---	----------------------------	---------------	------------------

<u>Siblings:</u>	<u>Gender:</u>	<u>D.O.B. or Age</u>
	M F	
	M F	
	M F	
	M F	

Type of abuse and/or neglect (check all that apply):

_____ Physical Injury _____ Excessive Corporal Punishment _____ Mental or Emotional Injury

_____ Sale or attempted sale of child _____ Abandonment

Failure or Inability to Supply:

_____ Necessary clothing _____ Necessary supervision

_____ Necessary medical care (including hygiene) _____ Necessary education

