



**DETAILS AND DESCRIPTION OF ABUSE:** (ATTACH ADDITIONAL SHEETS IF NECESSARY)

**ACTIONS TAKEN BY FACILITY, INCLUDING TAKING OF PHOTOGRAPHS AND X-RAYS, REMOVAL OF VICTIM AND NOTIFICATION OF APPROPRIATE AUTHORITIES.** (ATTACH ADDITIONAL SHEETS IF NECESSARY)

**OTHER PERTINENT INFORMATION, COMMENTS OR OBSERVATIONS DIRECTLY RELATED TO ALLEGED ABUSE INCIDENT AND VICTIM:**

**NAME AND TITLE OF REPORTER:**  
(PLEASE TYPE OR PRINT)

**NAME:**

**TITLE:**

**SIGNATURE OF REPORTER:**

**REPORTER CONTACT INFORMATION:**

**TELEPHONE NUMBER:**

**EMAIL ADDRESS:**

**DATE:**

**NAME AND TITLE OF PERSON PREPARING REPORT:**  
(PLEASE TYPE OR PRINT)

**NAME:**

**TITLE:**

**SIGNATURE OF PERSON PREPARING REPORT:**

**PERSON PREPARING REPORT CONTACT INFORMATION:**

**TELEPHONE NUMBER:**

**EMAIL ADDRESS:**

**DATE:**