*This form will be completed and submitted to the local law enforcement agency or county department where the report is given. Reports are given when a therapist has reasonable cause to know or suspect that a child has been subjected to abuse/neglect or observed circumstances that would reasonably result in abuse or neglect. If the alleged victim is 18 or older, report is required if there is reasonable cause to suspect that the perpetrator has subjected another child to abuse or neglect or is currently in a position of trust with any child.*

Information on the alleged victim:

**Name**

**Address**

**Phone number**

**Age**       **Sex**        **Ethnicity**

Family structure of the alleged victim:

**Number of siblings**

**Estimated ages of siblings**

**Parents’ marital situation**

**Others living in the home**

Information of the person suspected of the abuse/neglect:

**Name**

**Address**

**Phone number**

**Sex**        **Ethnicity**

**Relationship to the child**

Description of what is known about the abuse:

**Signs the child has displayed which led to the report of the abuse**

**Information that gave reasonable cause to know or suspect abuse/neglect**

**Nature and extent of the child’s injuries**

Any other information that would be helpful:

Information on the person reporting the abuse:

**Name**

**Organization** Envision Counseling Clinic

**Position at organization**

**Address**

**Phone number** 720-935-2663 x

Action taken by the person reporting**:**

**Date**

**Action**

**Report taken by**

**Any information given by the reporting agency**