

# Report of a Reasonable Suspicion of Child Abuse and Neglect

## 1. DETAILS OF CHILD SUBJECT TO REPORT

Family name: ..... Given names: .....

Aliases (if known): .....

Address of usual residence: ..... Date of Birth: ..... Sex:  Male  Female

..... Gestation (if unborn): ...../40 weeks

..... Telephone no.: .....

Temporary address (if applicable, eg. if child admitted to hospital): .....

**Indigenous status:**  Aboriginal but not Torres Strait Islander origin  Torres Strait Islander but not Aboriginal origin  
 Both Aboriginal and Torres Strait Islander origin  Neither Aboriginal or Torres Strait Islander origin  
 Not stated / inadequately described

**Does the child speak English?**  No  Yes  
 If no, specify the child's preferred language: ..... Is an interpreter required?  No  Yes

**Does the child have a disability?**  No  Yes, if yes please specify: .....

**Parents' details:**

Name: .....	Name: .....
Address of usual residence: .....	Address of usual residence: .....
.....	.....
Telephone no.: .....	Telephone no.: .....

**State the child's primary care giver** (name and relationship): .....

**Are there any relevant orders in place** (eg. Child Protection, Domestic Violence)?  Yes  No  Unknown  
 If yes, please specify: .....

## 2. DETAILS OF CARERS, SIBLINGS, OTHERS LIVING AT THE CHILD'S USUAL RESIDENCE (if known)

Name (including aliases)	Date of birth / Age	Relationship to child

## 3. ABUSE TYPE BEING REPORTED (more than one may be ticked) - refer to Guide for assistance, if needed

**Suspected:**  Physical abuse  Emotional abuse  Sexual abuse  Neglect

**At risk of:**  Physical abuse  Emotional abuse  Sexual abuse  Neglect

