

# Report of Child(ren) Alleged to be Suffering from Serious Physical or Emotional Injury by Abuse or Neglect



Massachusetts law requires an individual who is a mandated reporter to immediately report any allegation of serious physical or emotional injury resulting from abuse and/or neglect to the Department of Children and Families by: **1-800-792-5200**

1. Immediately reporting by oral communication; and  
 2. Completing and sending this written report to the appropriate Department of Children and Families office within 48 hours of making the oral report.

For more information about requirements for mandated reporters and filing a report of alleged abuse and/or neglect please see **A Guide for Mandated Reporters** available on the DCF website at [www.mass.gov/dcf](http://www.mass.gov/dcf). **22 Pleasant St. Malden, MA 02148**  
**Fax 781-324-2209**

Please complete all sections of this form. If some data are uncertain or unknown, please signify by placing a question mark (“?”) after the entry.

## CHILDREN REPORTED

Name	Current Location / Address	Sex	Age or Date of Birth
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	

## PARENT OR GUARDIAN 1

Name			
First	Last	Middle	
Address			
Street & Number	City / Town	State	Zip Code
Phone #		Age / Date of Birth	
Primary Language Spoken (if known)		Ethnicity (if known)	

## PARENT OR GUARDIAN 2

Name			
First	Last	Middle	
Address			
Street & Number	City / Town	State	Zip Code
Phone #		Age / Date of Birth	
Primary Language Spoken (if known)		Ethnicity (if known)	

## REPORTER / REPORT

Report Date	<input type="checkbox"/> Mandatory Report <input type="checkbox"/> Voluntary Report	
Reporter's Name		
First	Middle	Last
(If the reporter represents an institution, school or facility, please indicate)		
Reporter's Address		
Street & Number	City / Town	State
Phone #	Relationship to the Child	
Has reporter informed caretaker of report? <input type="checkbox"/> Yes <input type="checkbox"/> No		

What is the nature and extent of injury, abuse, maltreatment or neglect? Please list any prior evidence of same and/or other worries regarding danger to the child(ren). (Please cite the source of this information if not observed firsthand.)

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If known, please provide the name(s) and contact information of the person(s) responsible for the injury, abuse, maltreatment or neglect and/or any other information that you think might be helpful in establishing the cause of the injury, abuse, maltreatment or neglect:

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What are the circumstances under which the reporter became aware of the injury, abuse, maltreatment or neglect? Please include information on dates and timeframes for when the injury, abuse, maltreatment or neglect occurred. Pedikit# (if applicable):

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What action has been taken thus far to treat, shelter or otherwise assist the child(ren) to deal with the situation?

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If report involved alleged domestic violence, please list any information that will help DCF make safe contact with the family (e.g., work schedule, place of employment, daily routines for the adult victim):

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Please provide any information about the family's strengths and capacities that you think will be helpful to DCF in ensuring the child's safety and supporting the family to address the abuse and/or neglect concerns:

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Signature of Reporter:

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