

CONFIDENTIAL

Confirmation of Report Form - Child In Need of Protection

Pursuant to Section 72, the *Child and Family Services Act*. R.S.O. 2005, c. C11

RECORD OF REPORTING SUSPECTED CHILD IN NEED OF PROTECTION FORM: (To be completed within 24 hours.)

STUDENT'S NAME: _____ D.O.B.: _____

ADDRESS: _____

PHONE: _____

SCHOOL: _____ GRADE: _____

PARENTS: MOTHER/GUARDIAN _____
(Name) (Phone: Home Work)

FATHER/GUARDIAN _____
(Name) (Phone: Home Work)

1. Nature of Suspected Abuse: (Please check T)

- Physical Emotional Sexual Neglect Domestic Violence

Explanation: _____

2. Suspected Child Maltreatment or Child in Need of Protection Reported to Children's Aid Society/Family and Children's Services By:

(Name) (Position)

(Date) (Time)

3. Children's Aid Society/Family and Children's Services Contact Person:

(Name)

4. Report Completed By:

(Signature) (Date)

This form should be mailed or faxed IMMEDIATELY to the personal attention of the Director of Education FAX: (613) 354-0351