



S.a.M. Child Advocacy Center

Together, healing begins here...

Referral Info:

DSS:

DSS Agency:
Social Worker Assigned:
Social Worker Phone:
Social Worker Email:

Law Enforcement:

Law Enforcement Agency:
Detective Assigned:
Detective Phone:
Detective Email:

Date of Initial Report:
Agency In Which Report Was First Made:

Child Info:

Name of Child:
DOB/Age:
Primary Language:
Race:
Gender:
Address:

Parent/Caretaker:

Name of Parent/Caretaker:
Relationship to Child:
Primary Language:
Address:
Phone:
Employer:

Alleged Offender:

Alleged Offender Name: Alleged Offender DOB: Alleged Offender Gender: Alleged Offender Race: Alleged Offender Relationship to Child: Alleged Offender Address: Type of Alleged Abuse:
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Incident Details:

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Has child been seen in hospital/doctor's office setting in regards to allegations?

Yes No Unknown

If yes, where?