

**Highland Rim Head Start
Suspected Child Abuse/Neglect Reporting Form**

Call: 1-877-237-0004 or 1-877-542-2873 or
visit: <https://reportabuse.state.tn.us/StartPage.aspx>, print confirmation page and
attach to this report
After making report, reporting staff member is to complete page 1&2 of this form and forward in a sealed
envelope marked confidential to the Family Service Manager

Child's Name: _____ Date of Birth: _____ Sex: Male Female

Child's Address: _____ Child's Phone Number: _____

Parent's Name: _____

Date of report to the Department of Children's Services: _____

Reported to the Department of Children's Services by: _____ phone or _____ website

If by phone, name of person spoke to: _____

If by website attach confirmation page at the end of the report.

Date of Disclosure/Identification/Suspicion: _____

Nature of suspected abuse: Neglect Physical Sexual Maltreatment Other

Describe suspected abuse: _____

Other Information:

Staff Signature: _____

Date: _____

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Child's Name: _____	Date of Birth: _____	Sex: <input type="checkbox"/> Male <input type="checkbox"/>
Female		
Reporting Staff Person: _____	Date of Report: _____	

Instructions: Indicate on diagram below the location where marking, cut, bruise, etc. is observed by putting an **X** on the body diagram below. Attach this form with the completed report and forward to the Family Services Manager in a sealed envelope marked confidential.

