

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

Call: 1-877-237-0004 or 1-877-542-2873 or  
visit: <https://apps.tn.gov/carat> , 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 Health Services 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: \_\_\_\_\_

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Other Information:

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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.

