

CONFIDENTIAL



INDEPENDENT SCHOOL DISTRICT

ALLEGED CHILD ABUSE OR NEGLECT REPORTING FORM

FORM A

Deliver to the Assistant Superintendent for Human Resources located at the Administration Offices, 904 Hester Ave. Donna, Texas or email to lazaro.ramirez@donnaisd.net within 2 days of contacting CPS.

Texas Department of Family and Protective Services (CPS)

Telephone Number: 1-800-252-5400 Website: <https://www.txabusehotline.org>

Date Reported: _____ Name of intake worker: _____

Report Number: _____

Other required information:

Student's Name: _____

Date of Birth: _____ School (full name) _____

Home Phone: _____ Alternate Phone: _____

Name of Parent or Guardian: _____

Address: _____

Describe basis for suspicion of child abuse; describe injuries, if any, and how injuries were allegedly sustained:

Please list others who were notified:

Name of Reporting Person: _____

To be filled out by Donna ISD Investigator:

Initial Agency Disposition:

_____ is investigating
(Agency name)

_____ will NOT be investigating
(Agency name) Attach documentation

Final Agency Disposition:

Criminal Charges Filed

Criminal Charges NOT Filed

Citation Issued

Unknown at time of report