



YOUTH PROTECTION

SUSPECTED CHILD ABUSE REPORTING FORM

Please fill out completely and submit to:

1 Saddle Road, Cedar Knolls, NJ 07927 OR Fax to: 973-267-3406

Contact the Scout Executive at 973-765-9322 x232 with any questions.

The following information was provided to:

Name of Person: _____ Position: _____

Address: _____ Phone: _____

Name of Suspected Abuser: _____

Address: _____ Phone: _____

Scouting Position if known: _____

Child's Name: _____ Date of Birth: _____

Address: _____ Phone: _____

Parent's Name: _____

Address: _____ Phone: _____

Physical Indicators Observed:

Behavioral Indicators Observed:

Other Indicators Observed/Known:

Reporter's Name: _____ Position: _____

Date of Report: _____ Signature: _____

Office Use Only: Date Received: _____