



CHILD ABUSE INCIDENT REPORT FORM

Follow this link to review [GSEMA’s Child Abuse Prevention and Reporting Policies](#)

If the child is in **immediate harm**, call the **Girl Scouts of Eastern Massachusetts** emergency number on the [GSEMA Emergency Procedures](#) card (1-800-348-7788) and if necessary, 911.

If the child is **not in immediate harm**, document the information as thoroughly as possible on both pages of this form within 24 hours of the suspected or reported abuse and email it to the Operations Support Coordinator at avannederpelt@gsema.org.

Report Date: _____ To Whom Reported: _____

Reporter’s Name: _____

First	Last	Middle
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Reporter’s _____

Street & Number	City / Town	State	Zip Code
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Phone Number: _____ Email Address: _____

CHILDREN REPORTED

Name	Current Location/Address	Language Spoken	Birth Sex		Age or Date of Birth	ICWA/ Tribal Affiliation
			M	F		

EMERGENCY CONTACT(S) FOR CHILDREN REPORTED: Please list the emergency contact information for all of the reported children, including contact name, relationship, and contact number information.

OTHER CHILDREN: Please include information about other children in the home/family, including name and age/date or birth (if known).

CHILD ABUSE INCIDENT REPORT FORM (page 2)

PARENT, GUARDIAN OR CAREGIVER 1

Name:

First

Last

Middle

Address:

Street & Number

City / Town

State

Zip Code

Phone #:

Age/Date of Birth:

Language Spoken:

Relationship to Child(ren):

PARENT, GUARDIAN OR CAREGIVER 2

Name:

First

Last

Middle

Address:

Street & Number

City / Town

State

Zip Code

Phone #:

Age/Date of Birth:

Language Spoken:

Relationship to Child(ren):

Has reporter informed caregiver of report? Yes No

What is the reporter's relationship to the child(ren)?

Type of incident (i.e. child endangerment, child abuse, child neglect):

Describe where the incident occurred (i.e. home, neighbor's home, playground):

Date/time incident reported to have occurred:

What is the nature and extent of injury, abuse, maltreatment or neglect? Please list any prior evidence of same and/or other worries regarding danger to the child(ren). (Please cite the source of this information if not observed firsthand.)

RELATED CONCERNS: Please check all that apply.

- | | | |
|---|---|---|
| <input type="checkbox"/> Substance Use/Misuse | <input type="checkbox"/> Acute/Chronic Medical Condition | <input type="checkbox"/> Runaway |
| <input type="checkbox"/> Substance Exposed Newborn | <input type="checkbox"/> Housing Instability/Homelessness | <input type="checkbox"/> Gang Involvement |
| <input type="checkbox"/> Neonatal Abstinence Syndrome | <input type="checkbox"/> Human Trafficking/Labor | <input type="checkbox"/> None Applies |
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Human Trafficking/Sexually | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Mental/Behavioral Health | <input type="checkbox"/> Teen Parenting | <input type="checkbox"/> Other |

DESCRIPTION OF RELATED CONCERNS: Please include additional information that will help DCF further understand the concerns checked above. This includes any specific concerns about alcohol/drug use by the parent/guardian/caregiver. If there are concerns related to domestic violence, please also list any information that will help DCF make safe contact with the family (e.g., work schedule, place of employment, daily routines for the adult victim, etc.).

CHILD ABUSE INCIDENT REPORT FORM (page 3)

If known, please provide the name(s) and address, phone #, DOB/age, relationship to child, and language spoken of the person(s) responsible for the injury, abuse, maltreatment or neglect and/or any other information that you think might be helpful in establishing the cause of the injury, abuse, maltreatment or neglect.

What are the circumstances under which the reporter became aware of the injury, abuse, maltreatment or neglect? Please include information on dates and timeframes for when the injury, abuse, maltreatment or neglect occurred.

Pedikit# (if applicable):

Incident Date (if known):

What action has been taken thus far to treat, shelter or otherwise assist the child(ren) to deal with the situation?

Are there any concerns for social worker safety?

Please provide any information about the family's strengths and capacities that you think will be helpful to DCF in ensuring the child's safety and supporting the family to address the abuse and/or neglect concerns.

Please indicate when you see the child(ren) such as dates & times of troop meetings, or dates the child is at camp.

Signature of Reporter:

Date:

Remit Child Abuse Incident Form to:

Operations Support Coordinator
Girl Scouts of Eastern Massachusetts
265 Beaver Street
Waltham, MA 02452
Fax: 781-893-0022
Email: avannederpelt@gsema.org