Notice Form 5232-NF(1): Abused and Neglected Child Reporting - Child Abuse Reporting Form

Status: ADOPTED

Original Adopted Date: 06/30/1997 | Last Reviewed Date: 11/10/2026

~~Date:~~

~~To: Child Protection Team~~

~~From:~~

~~Individual Suspected of possibly being neglected or abused: _____~~

~~With whom does the child reside? _____~~

~~Please provide the name of siblings or other children in the home: _____~~

_____

~~Address: _____~~

~~Phone: _____~~

~~Please describe the event (s) of concern: (details, dates, exact nature of the concern, possible individuals involved or suspects) _____~~

_____

~~Do you believe there may be immediate danger? _____~~

~~Please describe historical concerns: (any other incidents, immediate family members demonstrating symptoms of abuse or neglect) _____~~

_____

_____

~~Are the children involved with other agencies and if so, what agencies? _____~~

_____

~~Please attach another page if necessary. Provide a Copy to the Blackfeet Tribe Juvenile Department.~~

CHILD ABUSE/NEGLECT REPORT

Date:_____ Time:_____

Reporter	Name: _____ Title: _____ Contact information: _____
Victim(s) (Or Other Children in the Home)	Name: _____ DOB: _____ Age:___ Sex:_Tribal Affiliation: _____ School: Grade:____ Address: _____ Name: _____Age:____ Name: Age:____ Name: _____ Age:____
Parents and/or Guardians	Name: _____ Relationship: _____ Tribal Affiliation: _____ Employment: _____ Contact information: _____ Name: _____ Relatlonship: _____ Tribal Affiliation: _____ Employment: _____ Contact information: _____
Incident Information	Date: _____ Time: _____ Location of Incident: _____ Type of abuse: Physical:_ Sexual:_ Neglect:_ Emotional:_ DV:_ Alleged Perpetrator: _____ Relationship: _____ Age: _____ Sex: Tribal Affiliation: _____ Address: _____ Phone: Physical Address: _____
Substance Abuse	Substance Abuse involved in incident: Yes: _____ No:_____ Type: Alcohol: Drugs:____ other: _____
History	Prior Incidents involving Family: Yes: No: _____ Description: _____

Narrative	
Action Taken	Investigation Date: Work.er: Referred to: FBI_ CI:_ PHY:_ Home Maker Services:__ Recovery Center:_____Behavioral Health:__ Other: CPT Recommendations: _____ Substantiated: _____ Unsubstantiated: _____ Relative Placement:_____ Date: Foster Home Placement: _____ Date: Court Action: Yes: ___ No: ____Date of Court Action: _____ Comments: _____

Recorder i1n1tial: __ | Date: __ | Phone: __