

REPORT OF SUSPECTED CHILD ABUSE OR NEGLECT
 ND Department of Human Services
 Children and Family Services
 SFN 960 (Rev. 09-2001)

Appendix 8

Name of Children	Age or Birthdate	Identifying Information			
		Name of Parent(s)/Caretaker			
		Address	City	State	Zip Code
		Telephone Number			
		Name of Subject (Person(s) Suspected to be Causing Maltreatment)			
		Address	City	State	Zip Code
		Telephone Number			

Give nature and extent of the suspected abuse or neglect, including any information of previous abuse or neglect; family composition; and any other information which may be helpful in protecting the health and welfare of the child(ren). If additional space is needed, attach additional pages (BE SPECIFIC. ANSWER; WHO, WHAT, WEHRE, WHEN, WHY, HOW OFTEN).

Name of Reporter	Address	City	State	Zip Code
Reporter's Relationship to Children			Telephone Number	
Signature of Reporter			Date	

AGENCY USE ONLY

Date Received of Agency	Intake Social Worker	Source	Case Number
Social Worker Assigned to Case		Date of Entry	

Received by: Phone Initial Category
 In Person Written A B C