

**KENAI PENINSULA BOROUGH SCHOOL DISTRICT
REFERRAL FOR SUSPECTED CHILD ABUSE OR NEGLECT**

Office of Children's Services:
Initial phone contact to: 1-800-478-4444 (Centralized Office)
Non-Urgent: FAX (907) 357-9762 (review by OCS within 24 hours)
Email: reportchildabuse@alaska.gov

Telephone Report Made To: _____
Name of Person/Title _____ Date/Time _____

Or Messages Left At: _____
Record The Time Each Message Is Left For OCS To Return Your Call

_____	_____	_____	_____	_____
Name of Student Referred	Date of Birth	Sex/Race	Grade in School	
_____	_____	_____	_____	_____
Parent/Guardian Names	Home Address	Home Phone	Work Phone/Father	Work Phone/Mother

Name(s) of Other Sibling(s): _____

Observations and statements made by the student leading to the suspicion of abuse or neglect. Include time and date of alleged abuse, name of alleged abuser, and relationship to student.

Is there a history of similar injuries? Yes When? _____ No Unknown

OCS contact made by: Name & School _____

_____	KPBSD Attn: Instructional Services - NBates 148 N. Binkley St., Soldotna, AK 99669	_____
Date/Time		School Phone

Identity of Reporter to Remain Confidential? Yes No
Law Enforcement Notified (If sex abuse or sex offenses)? Yes No

To Be Completed By the Principal or Designee Before Filing

Principal/Designee Signature Acknowledges This Confidential Referral to OCS

Principal/Designee Signature _____ Title

Distribute Copies To: Copy to Principal's Child Abuse/Neglect File--Confidential
Copy to Assistant Superintendent Instructional Services