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) 269-3939 (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 _____

Date/Time

KPBSD
Attn: Instructional Services - NBates
148 N. Binkley St.,
Soldotna, AK 99669

School Phone

Identity of Reporter to Remain Confidential? 1 ☐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

Revised 9/2023 (fax # only)