CHILD ABUSE REPORTING FORM

LAWTON PUBLIC SCHOOLS

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Reporting Party

Hotline number: 800-522-3511
Agency Contacted: DHS ☐ Law Enforcement (LE) ☐

Date of Contact with Agency/LE: _____ Time of Contact with DHS: _____

Agency/LE Confirmation Number: _____ Contact Person: _____

Name of Child: _____ Age of Child: _____ ID # _____

School: _____ Grade: _____

Names, Ages, ID #s of Additional Children: _____

_____

Address of Child/ren: _____

_____

Describe the injuries and/or incident as reported: _____

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Submit form(s) to the principal and/or other designated administrator within 24 hours of hotline reporting.
Submit one form for each agency contacted.

_____ _____

Signature of Reporter *Date Received*

_____ _____

Principal and/or other Designated Administrator *Date Received*

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