

# TEMPLETON POLICE DEPARTMENT

33 South Road, Templeton, MA. 01468  
Telephone: 978-939-5638 -- Fax: 978-939-2042

Page 1 of 2

## **Report of Child(ren) Alleged to be Suffering from Serious Physical or Emotional Injury by Abuse or Neglect** (Report may be submitted anonymously)

### Data on Children Reported:

Name	Current Location/Address	Sex M/F	Age or Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### Data on Male Guardian or Parent:

Name: \_\_\_\_\_ Address \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Age or Date of Birth: \_\_\_\_\_

### Data on Female Guardian or Parent:

Name: \_\_\_\_\_ Address \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Age or Date of Birth: \_\_\_\_\_

### Data on Reporter

Report Date: \_\_\_\_\_ Mandatory Report \_\_\_\_\_ Voluntary Report \_\_\_\_\_  
Reporter's Name: \_\_\_\_\_

(If the reporter represents an institution, school, or facility, please indicate) \_\_\_\_\_  
Reporter's Address: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Has reporter informed caretaker of report? Yes \_\_\_\_\_ No \_\_\_\_\_

What is the nature and extent of injury, abuse, maltreatment, or neglect, including prior evidence of same?  
(Please cite the source of this information if not observed firsthand)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are the circumstances under which the reporter became aware of the injuries, abuse or maltreatment or neglect?

---

---

---

---

---

---

---

---

---

---

What action has been taken thus far to treat, shelter, or otherwise assist the child(ren) to deal with the situation?

---

---

---

---

---

---

---

---

---

---

Please give other information that you think might be helpful in establishing the cause of the injury and/or the person(s) responsible for it. If known, please provide the name(s) of the alleged perpetrator(s)

---

---

---

---

---

---

---

---

---

---

---

\_\_\_\_\_  
Signature of Reporter

\_\_\_\_\_  
Date