

SUSPECTED CRIME AGAINST A CHILD REPORT

To be completed by Mandated Reporters per NRS 432B

REMEMBER, IT IS BETTER TO BE SAFE THAN SORRY.

YOU MAY BE THE ONLY VOICE FOR THIS CHILD. REPORT.

Location incident occurred

City: _____

Address: _____

Agency (if known): Lovelock PD Sheriff's Office DA's Office Juvenile Dept.

VICTIM INFORMATION:

NAME (LAST, FIRST, MIDDLE)	HOME ADDRESS	DOB	SEX
PRESENT LOCATION OF CHILD			
PHONE ()			

INCIDENT INFORMATION:

DATE/TIME OF INCIDENT	LOCATION OF INCIDENT Address: _____	CITY: _____
TYPE OF ABUSE: (CHECK ALL THAT APPLY) SEE DEFINITIONS ON BACK		
<input type="checkbox"/> PHYSICAL <input type="checkbox"/> MENTAL <input type="checkbox"/> SEXUAL <input type="checkbox"/> NEGLECT <input type="checkbox"/> STATUTORY SEXUAL SEDUCTION <input type="checkbox"/> MEDICAL NEGLECT		
<input type="checkbox"/> PRENATAL ILLEGAL SUBSTANCE ABUSE <input type="checkbox"/> INFANT WITHDRAWAL SYMPTOMS		
<input type="checkbox"/> OTHER (PLEASE EXPLAIN) _____		
OBTAINED INFORMATION FROM:		
<input type="checkbox"/> OBSERVED INCIDENT <input type="checkbox"/> VICTIM <input type="checkbox"/> SECOND PARTY: _____		
PLEASE DESCRIBE THE SPECIFIC INCIDENT:		

<input type="checkbox"/> CHECK IF PRIOR ABUSE/NEGLECT ON CHILD OR SIBLING. PLEASE DESCRIBE; ATTACH AN ADDITIONAL SHEET IF NECESSARY.		

PARENT, GUARDIAN AND SIBLING INFORMATION:

MOTHER'S NAME	PHONE			
ADDRESS (IF DIFFERENT THAN CHILD)	CITY/STATE/ZIP			
FATHER'S NAME	PHONE			
ADDRESS (IF DIFFERENT THAN CHILD)	CITY/STATE/ZIP			
SIBLING NAME(S)	AGE	DOB	SEX	SCHOOL ATTENDED/GRADE

SUSPECT INFORMATION:

NAME	PHONE ()
CURRENT ADDRESS	RELATIONSHIP TO CHILD(REN)

REPORTING PARTY:

NAME/TITLE	RELATIONSHIP TO CHILD(REN)	
ADDRESS		
PHONE ()	DATE OF REPORT	SIGNATURE