

Child Protective Services Report

REPORTER INFORMATION		
<i>Name of person completing report</i>	<i>Phone</i>	<i>Email</i>
Experimental Education Unit, UW	206-543-4011	1981 NE Columbia Road Seattle, WA 98195
<i>Name of organization</i>	<i>Phone</i>	<i>Address</i>
Chris Matsumoto	206-221-3868	ctm@uw.edu
<i>Name of Principal</i>	<i>Phone</i>	<i>Email</i>

FAMILY INFORMATION		
<i>Name of child</i>	<i>Age</i>	<i>Date of Birth</i>
<i>Address</i>	<i>City</i>	<i>State</i>
	Experimental Education Unit, UW	
<i>Home Phone</i>	<i>School</i>	<i>Grade level</i>
<i>Name of Parent/Guardian (1)</i>	<i>Phone (if different)</i>	<i>Email</i>
<i>Address (if different than child)</i>	<i>City</i>	<i>State</i>
<i>Name of Parent/Guardian (2)</i>	<i>Phone (if different)</i>	<i>Email</i>
<i>Address (if different than child)</i>	<i>City</i>	<i>State</i>

OTHER CHILDREN IN THE HOME		
<i>Name of child</i>	<i>Age</i>	<i>Date of Birth</i>
<i>Name of child</i>	<i>Age</i>	<i>Date of Birth</i>
<i>Name of child</i>	<i>Age</i>	<i>Date of Birth</i>



INFORMATION ABOUT THE SUSPECTED ABUSE OR NEGLECT

Please provide the objective details of the abuse including identifying information of the person suspected of committing the child abuse or neglect. Include a description of the incident, what was disclosed or witnesses, or other information the led you to suspect abuse or neglect has occurred.

ADDITIONAL INFORMATION REQUESTED DURING REPORTING PROCESS

Please provide any additional information requested during the intake/reporting process.



REPORTING DOCUMENTATION

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<i>Was a report made to law enforcement?</i>	<i>Phone</i>	<i>Date of report</i>	<i>Report Number</i>
	1-866-363-4276		
<i>Was a report made to DSHS (Child Protective Services)?</i>	<i>Phone</i>	<i>Date of report</i>	<i>Report Number</i>
	206-685-7233		
<i>Was a report made to Safe Campus?</i>	<i>Phone</i>	<i>Date of report</i>	<i>Report Number</i>