

# HOTLINE REPORT

## Kansas City, Missouri School District 2005-2006

**Call 1-800-392-3738- Children's Services (formerly DFS)**

**Complete form and fax to Legal Services Department \*\*\*Fax No. 418-7411**

- Instructions:**
1. Do not allow the victim and the alleged perpetrator to have contact.
  2. You must not, under any circumstances, conduct a physical examination of the student, but obtain medical attention for the student as appropriate.
  3. If the alleged perpetrator is a staff member of the Kansas City, Missouri School District, you must contact the **Legal Services Department immediately by phone at 418-7610.**
  4. Do not question the participants, other than to obtain minimal information to determine if a reportable event has likely occurred.
  5. Parental permission for Children's Services ("CS") to speak to a student or to report an incident of suspected abuse or neglect **is not required. If the alleged abuse/neglect occurred at school, the alleged victim cannot be interviewed by CS at that site.**
  6. ANY STATEMENTS OR WRITTEN MATERIALS RELATED TO THIS MATTER NEED TO BE FORWARDED TO THE LEGAL SERVICES DEPARTMENT IMMEDIATELY AT FAX NO. **418-7411.**
  7. If you have questions about how to proceed or need additional guidance, call the Legal Services Department at **418-7610.**

**When to report?**  
 Any teacher, principal, school employee, nurse or health care provider, social worker, child care provider, mental health professional who is told about **or** observes a student subjected to conditions or circumstances that could reasonably result in abuse or neglect **must** make a Children's Services Hotline Report. Your job is to report the complaint.

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Victim's Name: \_\_\_\_\_ Age/Grade: \_\_\_\_\_

School Location/address: \_\_\_\_\_ School Phone: \_\_\_\_\_

Date and Time of Incident: \_\_\_\_\_

Current Location of Child: \_\_\_\_\_

Person Making Report: \_\_\_\_\_ Principal: \_\_\_\_\_

Parent's Name and Contact Information: \_\_\_\_\_

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Alleged Perpetrator's Name: \_\_\_\_\_

Relationship to Victim: \_\_\_\_\_ If Student, Age/Grade: \_\_\_\_\_

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Date/Time of Hotline Call: \_\_\_\_\_ Report: ACCEPTED \_\_\_\_\_ or DECLINED \_\_\_\_\_

CS Operator's name and ID number: \_\_\_\_\_

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**Attach a statement of facts as you understand them including the information identified on page 2 of this form.**

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**Kansas City, Missouri School District**  
**2005-2006**

**School Location/ Address:** \_\_\_\_\_ **Child's Name:** \_\_\_\_\_

Is the Child in a life-threatening situation now? \_\_\_\_\_

How do you know about the alleged abuse/neglect? \_\_\_\_\_

Did you witness the alleged abuse/neglect? \_\_\_\_\_

Were there other witnesses and how can they be reached? \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_