

**State of Connecticut
Department of Children and Families**

**NOTIFICATION TO STATE OR LOCAL POLICE OF SUSPECTED
CHILD SEXUAL ABUSE, SEVERE PHYSICAL ABUSE OR SEVERE NEGLECT**

DCF CASE NAME		DATE	
CHILD'S NAME		DATE OF BIRTH	
ADDRESS		SCHOOL/DAYCARE	
NAME OF MOTHER		NAME OF FATHER	
ADDRESS		ADDRESS	
HOME TELEPHONE NUMBER	WORK TELEPHONE NUMBER	HOME TELEPHONE NUMBER	WORK TELEPHONE NUMBER
OTHER CHILDREN	NAME		DATE OF BIRTH
	NAME		DATE OF BIRTH
	NAME		DATE OF BIRTH
ALLEGED PERPETRATOR		RELATIONSHIP TO CHILD	
ADDRESS		TELEPHONE NUMBER	
DATE(S) INCIDENTS OCCURRED		PLACE OF INCIDENT(S)	
DATE DCF REPORTED INCIDENT BY PHONE TO POLICE DEPARTMENT	TIME	ORAL REPORT GIVEN TO	POLICE DEPARTMENT
INCIDENT:			
ACTION TAKEN BY DCF:			
THE COMMISSIONER OF THE DEPARTMENT OF CHILDREN AND FAMILIES HAS:	COMMITMENT <input type="checkbox"/> ____ / ____ / ____	TEMPORARY CUSTODY <input type="checkbox"/> ____ / ____ / ____	
SOCIAL WORKER		SOCIAL WORK SUPERVISOR	
DCF AREA OFFICE ADDRESS		TELEPHONE NUMBER	

FAX THIS INFORMATION TO POLICE DEPARTMENT WITHIN 24 HOURS OF ORAL REPORT