

# Chickasha Public Schools

BC-F1

## DISTRICT FORM

### **SUSPECTED CHILD ABUSE REPORT FORM**

Hotline Number: 800-522-3511

Agency Contacted: DHS and/or Law Enforcement

#### **Reporter Information:**

Name: \_\_\_\_\_

Relationship to referral: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Confirmation/Case Number: \_\_\_\_\_

I hereby acknowledge that I have a statutory duty to report any suspected abuse to DHS. I further understand that merely filing this report does not absolve me of my statutory duty to report this directly to DHS.

#### **Family Information:**

Address (physical address): \_\_\_\_\_

Directions: \_\_\_\_\_

Phone number: \_\_\_\_\_

Please provide the following information for all household members:

Full Name	Gender	DOB	Apx. Age	Phone number(s)	Employer	Child Care	School	Grade

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BC-F1

Full Name	Gender	DOB	Apx. Age	Phone number(s)	Employer	Child Care	School	Grade

**Incident Details:**

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Complete with typed text and send this form to [STO.Hotline.Referral@okdhs.org](mailto:STO.Hotline.Referral@okdhs.org). If printed out and completed by hand, scan and email to the same address or fax to 405-936-0922.

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Signature of Person Filing Report

Date

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Signature of Site Designee/School Based Social Worker

Date

A copy of this suspected child abuse or neglect report should be sent to the office of the District's School Based Social Worker.

Adopted: September 14, 2020

Revised: February 2023; July 2025