

**FOLLOW-UP REPORT**  
**Suspected Child Abuse**

Name of Child \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Name of Person Who Filed Initial Report \_\_\_\_\_

Name of Person Receiving Report \_\_\_\_\_

Conclusions  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Action Taken: (Including Date and Time) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The above information will serve as a guide and will be necessary if a formal report is filed with the police or appropriate government agency. All information received is to be kept **STRICTLY CONFIDENTIAL**.

Signed \_\_\_\_\_ Date \_\_\_\_\_