

ADMINISTRATIVE REGULATION

**Suspected Child Harm Report Form**



Referral to the Office of Children's Services (OCS)  
**Telephone: 1-800-478-4444 or fax: 1-907-269-3939**  
*Form may be scanned and emailed to:  
 reportchildabuse@alaska.gov*

Date \_\_\_\_\_

Person Reporting \_\_\_\_\_  
 (Name – optional) (Title)

School \_\_\_\_\_ Telephone \_\_\_\_\_

Student Name		Birth date
Other Names Used	Circle if student is: 1) Alaska Native or American Indian. Village or Tribe: 2) Military Dependent	
Grade:	School:	Teacher:
Parent/ Guardian		
Residence (Home) Address		
Parent/ Guardian Work Phone	Parent/ Guardian Home Phone	
Siblings (if known)		
<b>Type of suspected harm (physical, sexual, neglect)</b>		
<b>Briefly indicate reason for referral</b> (underlying facts and how matter came to attention of district personnel)		
Building Principal Notified Date _____ Time _____		
Office of Children's Services Contact Person <b>Name &amp; Title:</b>		
Date of Contact	Time	
Comment/ action taken by OSC		Follow-up Date

Copy - Principal

August 2017