

State of Illinois  
Department of Children and Family Services

WRITTEN CONFIRMATION FOR SUSPECTED CHILD ABUSE/NEGLECT REPORT:  
MANDATED REPORTERS

DATE: \_\_\_\_\_

ABOUT : \_\_\_\_\_  
Child's Name

\_\_\_\_\_ Child's Birthdate

\_\_\_\_\_ 2<sup>nd</sup> Child's Name (if Any)

\_\_\_\_\_ 2<sup>nd</sup> Child's Birthdate

\_\_\_\_\_ 3rd Child's Name (if Any)

\_\_\_\_\_ 3rd Child's Birthdate

\_\_\_\_\_ Street Address

\_\_\_\_\_ City

\_\_\_\_\_ Zip Code

Parent/Custodians: \_\_\_\_\_  
Name and Address

\_\_\_\_\_ Occupation

This is to confirm my oral report of \_\_\_\_\_, \_\_\_\_\_, made in accordance with the Abused and Neglected Child Reporting Act (325 ILCS 5 et seq.). Please answer the following questions. If you need more space, use the back of this page.

1. What injuries or signs of abuse/neglect are there?
2. How and approximately when did the abuse/neglect occur?  
How do you know?
3. Had there been evidence of abuse/neglect before now?  Yes  No
4. If the answer to question 3 is "yes," please explain the nature of the abuse/neglect.
5. Names and addresses of other persons who may be willing to provide the information about this case.
6. Your relationship to child(ren)
7. Reporter Action Recommended or Taken:

PLEASE CHECK THE APPROPRIATE RESPONSE

I saw the child(ren)  
 I heard about the child(ren) From whom?  
 I have told the child's family of my concern and of my report to the Department.

I have not  
 I'm willing to tell the child's family of my concern and of my report to the Department.

I'm not  
 I do believe the child is in immediate physical danger.

I do not

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title)  
If Applicable

\_\_\_\_\_  
(Organization)  
If Applicable

## INSTRUCTIONS

The Abused and Neglected Child Reporting Act states that mandated reporters shall promptly report or cause reports to be made in accordance with the provisions of the Act.

## MAILING INSTRUCTIONS

Mail the original to the nearest office of the Illinois Department of children and Family Services, Attention: Child Protective Services.

Mail a copy to:

State Central Register  
Illinois Department of Children and Family Services  
406 East Monroe Street  
Springfield, IL 62701-1498