

CONFIDENTIAL

MISSION CONSOLIDATED INDEPENDENT SCHOOL DISTRICT

ALLEGED CHILD ABUSE OR NEGLECT REPORTING FORM (Form A)

Deliver to the Director for Student Services located at the Administration Offices, 1201 Bryce Drive OR fax to 323-8173 within 2 days of contacting CPS. .

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Texas Department of Family and Protective Services (CPS)

Telephone Number: 1-800-252-5400

Website: <https://www.txabusehotline.org>

Date Reported: \_\_\_\_\_ Name of intake worker: \_\_\_\_\_

Report Number: \_\_\_\_\_

#### **Other required information:**

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ School (full name) \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Describe basis for suspicion of child abuse; describe injuries, if any, and how injuries were allegedly sustained:

\_\_\_\_\_  
\_\_\_\_\_

Please list others who were notified: \_\_\_\_\_

\_\_\_\_\_

Name of Reporting Person: \_\_\_\_\_

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To be filled out by the Mission CISD Investigator:

Initial Agency Disposition:

_____ is investigating
(Agency name)

_____ will NOT be investigating
(Agency name) Attach documentation

Final Agency Disposition:

- Criminal Charges Filed
- Criminal Charges Not Filed
- Citation Issued
- Unknown at time of report