



**CHILD ABUSE HOTLINE REPORT**

*Mandated reporting sources must follow-up all telephone reports to Child Protective Services (CPS) with a written statement within seventy-two (72) hours, A.R.S. §13-3620. Completing this form fulfills the written requirement for mandated reporting sources. Reports made in good faith are immune from civil or criminal liability. Mail to: Child Abuse Hotline, P.O. Box 44240, Phoenix, AZ 85064-4240. To report child abuse, call the Hotline at 1-888-767-2445.*

DATE REPORTED TO CPS CHILD ABUSE HOTLINE		TIME REPORTED
REPORTING SOURCE'S NAME AND/OR AGENCY		
REPORTING SOURCE'S PHONE NO.	CHILD ABUSE HOTLINE CALL NO. <i>(If known)</i>	CPS SPECIALIST'S NAME <i>(If known)</i>

**AS REQUIRED IN A.R.S. §13-3620, THE REPORT SHALL CONTAIN:**

1. The names and addresses of the minor and his/her parents or person or persons having custody of such minor, if known.
2. The minor's age and the nature and extent of his/her injuries or physical neglect, including any evidence of previous injuries or physical neglect.
3. Any other information that such person believes might be helpful in establishing the cause of the injury or physical neglect.

PARENT, GUARDIAN OR CUSTODIAN'S NAME

ADDRESS *(No., Street, City, State, ZIP)*

HOME PHONE NO.	WORK PHONE NO.
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PARENT, GUARDIAN OR CUSTODIAN'S NAME

ADDRESS *(No., Street, City, State, ZIP)*

HOME PHONE NO.	WORK PHONE NO.
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CHILD'S NAME	DATE OF BIRTH
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CHILD'S ADDRESS *(No., Street, City, State, ZIP)*

CHILD'S NAME	DATE OF BIRTH
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CHILD'S ADDRESS *(No., Street, City, State, ZIP)*

CHILD'S NAME	DATE OF BIRTH
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CHILD'S ADDRESS *(No., Street, City, State, ZIP)*

CHILD'S NAME	DATE OF BIRTH
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CHILD'S ADDRESS *(No., Street, City, State, ZIP)*

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ALLEGATION OF ABUSE AND/OR NEGLECT *(e.g. nature and extent of his/her injuries or physical neglect, including any evidence of previous injuries or physical neglect)*

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**SUSPECT ABUSE, REPORT IT. NOW! 1-888-SOS-CHILD**

Arizona's Statewide Toll-Free Child Abuse Hotline