



# Child Abuse and Neglect Reporting Form

**Reset Form**

**To:** Department of Social Services  
805 Brightseat Road  
Landover, Maryland 20785

Department of Social Services  
**Hours to Call**  
Monday – Friday 8:30 a.m. – 4:30 p.m. (301-909-2450)  
Weekends, Holidays, and before 8:30 a.m. or after 4:30 p.m. (301-699-8605)  
**Fax: 301-909-2460**

**How to Complete The Child Abuse and Neglect Form**

- Call CPS to make a report**
- Complete, save, and print form**
- Fax form to CPS**
- Pony mail form to:**
  - Employee and Labor Relations, Sasscer Building, Room 210 (If employee is involved)
  - Security Services, Largo Offices
- Mail form to:**

Office of State's Attorney  
Courthouse, Room 340  
14735 Main Street  
Upper Marlboro, MD 20772

{NOTE: An employee who has submitted a report to CPS should retain a copy in a confidential location for his/her own records.}

**From:** \_\_\_\_\_  
(Name of Person Making Report)

**Position:** \_\_\_\_\_  
(Position or Title)

**Location:** \_\_\_\_\_  
(Office/School)

**Phone Number:** \_\_\_\_\_

**Report of Suspected (check ALL that apply)**

<input type="checkbox"/>	Child Sexual Abuse
<input type="checkbox"/>	Child Physical Abuse
<input type="checkbox"/>	Child Neglect
<input type="checkbox"/>	Child Mental Injury

Please respond to each item even if reply is "unknown" or "none."

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

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

Name of Parent, Legal Guardian or Custodian: \_\_\_\_\_

Address and Phone Number: \_\_\_\_\_

Current Location of Alleged Victim: \_\_\_\_\_

Name of suspected abuser: \_\_\_\_\_

Address/Phone Number: \_\_\_\_\_

Location of incident: \_\_\_\_\_

Names and ages of other children in home: \_\_\_\_\_

Indicators of Physical or Sexual Abuse	
Describe current injury or sexual abuse:	
Describe any previous injury or sexual abuse:	
Describe previous action taken, if any:	

Indicators of Neglect or Mental Injury	
Describe any previous neglect:	
Describe any action taken, if any:	

**Signature:** \_\_\_\_\_  
(Signature of Person Making Report)

**Date:** \_\_\_\_\_