

# Report of Child(ren) Alleged to be Suffering from Serious Physical or Emotional Injury by Abuse or Neglect



Massachusetts law requires mandated reporters to immediately make a report to the Department of Children and Families (DCF) when they have reasonable cause to believe that a child under the age of 18 years is suffering from abuse and/or neglect by:

- STEP 1: Immediately reporting by oral communication to the local DCF Area Office (see contact information at end of form); and**
- STEP 2: Completing and sending this written report to the local DCF Area Office within 48 hours of making the oral report.**

For more information about requirements for mandated reporters and filing a report of alleged abuse and/or neglect please see **A Guide for Mandated Reporters** available on the DCF website at [www.mass.gov/dcf](http://www.mass.gov/dcf).

Please complete all sections of this form. If some data is uncertain or unknown, please signify by placing a question mark ("?") after the entry.

## CHILDREN REPORTED

Name	Current Location / Address	Sex	Age or Date of Birth
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	

## PARENT OR GUARDIAN 1

Name: \_\_\_\_\_

First	Last	Middle
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Address: \_\_\_\_\_

Street & Number	City / Town	State	Zip Code
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Phone #: \_\_\_\_\_ Age/Date of Birth: \_\_\_\_\_

## PARENT OR GUARDIAN 2

Name: \_\_\_\_\_

First	Last	Middle
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Address: \_\_\_\_\_

Street & Number	City / Town	State	Zip Code
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Phone #: \_\_\_\_\_ Age/Date of Birth: \_\_\_\_\_

## REPORTER / REPORT

Report Date: \_\_\_\_\_  Mandatory Report  Voluntary Report

Reporter's Name: \_\_\_\_\_

First	Last	Middle
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(If the reporter represents an institution, school or facility, please indicate)

Reporter's Address: \_\_\_\_\_

Street & Number	City / Town	State	Zip Code
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Phone #: \_\_\_\_\_

Has reporter informed caretaker of report?  Yes  No

What is the nature and extent of injury, abuse, maltreatment or neglect? Please list any prior evidence of same and/or other worries regarding danger to the child(ren). (Please cite the source of this information if not observed firsthand.)

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If known, please provide the name(s) and contact information of the person(s) responsible for the injury, abuse, maltreatment or neglect and/or any other information that you think might be helpful in establishing the cause of the injury, abuse, maltreatment or neglect:

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What are the circumstances under which the reporter became aware of the injury, abuse, maltreatment or neglect? Please include information on dates and timeframes for when the injury, abuse, maltreatment or neglect occurred:

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What action has been taken thus far to treat, shelter or otherwise assist the child(ren) to deal with the situation?

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If report involved alleged domestic violence, please list any information that will help DCF make safe contact with the family (e.g., work schedule, place of employment, daily routines for the adult victim):

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Please provide any information about the family's strengths and capacities that you think will be helpful to DCF in ensuring the child's safety and supporting the family to address the abuse and/or neglect concerns:

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Signature of Reporter: \_\_\_\_\_

**To report child abuse and/or neglect:** Weekdays from 9:00 am to 5:00 pm call the local DCF Area Office.  
Weekdays **after** 5:00 pm and 24 hours on weekends and holidays call the  
**Child-At-Risk-Hotline 1-800-792-5200**

**DCF AREA OFFICES**

**Western Region**

Greenfield 413-775-5000  
Holyoke 413-493-2600  
Springfield 413-452-3200  
Robert Van Wart Center 413-205-0500  
East Springfield  
Worcester, East & West 508-929-2000  
Whitinsville 508-929-1000  
Leominster 978-353-3600  
Pittsfield 413-236-1800

**Northern Region**

Lowell 978-275-6800  
Framingham 508-424-0100  
Haverhill 978-469-8800  
Lawrence 978-557-2500  
Cambridge/Somerville 617-520-8700  
Malden 781-388-7100  
Cape Ann, Salem 978-825-3800  
Lynn 781-477-1600

**Southern Region**

Arlington 781-641-8500  
South Weymouth 781-794-4400  
Cape Cod & Islands 508-760-0200  
Plymouth 508-732-6200  
Fall River 508-235-9800  
New Bedford 508-910-1000  
Brockton 508-894-3700  
Taunton/Attleboro 508-821-7000

**Boston Region**

Dimock Street, Roxbury 617-989-2800  
Hyde Park 617-363-5000  
Harbor, Chelsea 617-660-3400  
Park Street, Dorchester 617-822-4700