

Form # 568  
Rev. 4/13

**Michigan City Area Schools**  
**Support Staff CONFIDENTIAL**  
**Suspected Abuse/Neglect Report Form**

Date: \_\_\_\_\_ Building \_\_\_\_\_

Child's Name: \_\_\_\_\_ M or F

Description of observation or information as told or seen:

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Name of Staff completing report \_\_\_\_\_

Signature of Staff receiving the report \_\_\_\_\_

Printed Name of Staff receiving the report \_\_\_\_\_

Reporter should receive a copy of the signed report for his/her records.