## **Humboldt County School District**

Suspected Child Abuse or Neglect Reporting Form (NRS 432B.220)

REPORTING PARTY	Name and Title	Sch	School		School Address			
	Phone Number	Dat	te of Report					
В	Signature of Reporting Party:							
Reported To	Date:Time:	Date:Time:				Date:Time:		
	Name of Contact:	Name of Contact:				Name of Contact:		
	Winnemucca Police Department 25 W. 5th Street Winnemucca Nv. 89445 (775) 623-6396	DCFS Child Protective Services 475 Haskell Street Winnemucca Nv. 89445 (775) 623-6555				Humboldt County Sheriff's Office 50 West 5th Street Winnemucca Nv. 89445 (775) 623-6419		
Alleged Victim	Name						DOB	
	Address						Sex	
	Present Location of Child						Phone Number	
Siblings	Name	School			DOB			
	1.							
	2.							
	3.							
	4.							
	5.							
Parent/ Guardian	Name		Relationship Ph		Pho	hone Number		
	Address							
	Name	Relationship			Phone Number			
	Address							

## **Humboldt County School District**

Suspected Child Abuse or Neglect Reporting Form (NRS 432B.220)

Alleged Perpetrator Pla	ace of Incident	Phone Number			
Relationship Add	ldress				
The alleged abuse or neglect was:  Witnessed by me Reported to m		Type of alleged abuse:  Physical Mental Sexual  Neglect Other			
Narrative Description					