

Humboldt County School District

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

REPORTING PARTY	Name and Title	School	School Address
	Phone Number	Date of Report	
	Signature of Reporting Party:		

Reported To	<input type="checkbox"/> Date: _____ Time: _____ Name of Contact: _____ <div style="text-align: center;"> Winnemucca Police Department 25 W. 5th Street Winnemucca Nv. 89445 (775) 623-6396 </div>	<input type="checkbox"/> Date: _____ Time: _____ Name of Contact: _____ <div style="text-align: center;"> DCFS Child Protective Services 475 Haskell Street Winnemucca Nv. 89445 (775) 623-6555 </div>	<input type="checkbox"/> Date: _____ Time: _____ Name of Contact: _____ <div style="text-align: center;"> Humboldt County Sheriff's Office 50 West 5th Street Winnemucca Nv. 89445 (775) 623-6419 </div>
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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	Phone Number
	Address		
	Name	Relationship	Phone Number
	Address		

Incident Information