

Clarksburg School  
**Department of Children's Services**  
**Reporting Form**

**Child Abuse Toll Free Number**  
**1-877-237-0004**

The following information should be obtained before calling. The DCS intake operator will ask for student data and then for details of the event, situation, or concerns. Provide as much background and history as possible to the operator, then record a less detailed description on this form.

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

Student Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Place of employment (if known) : \_\_\_\_\_

County of residence: \_\_\_\_\_

Siblings (with age or grade): \_\_\_\_\_

Brief description of reason for reporting:

Person reporting: \_\_\_\_\_

Person taking report at DCS: \_\_\_\_\_

Request a written response.

Return this form and a copy of written response to the principal or counselor.