SUSPECTED CRIME AGAINST A CHILD REPORT

To be completed by Mandated Reporters per NRS 432B

REMEMBER, IT IS BETTER TO BE SAFE THAN SORRY.

YOU MAY BE THE ONLY VOICE FOR THIS CHILD. REPORT.

Location incident occurred
City: _____
Address: _____
Agency (if known)
☐ Reno PD ☐ Sparks PD ☐ Sheriffs Office

VICTIM INFORMATION:

NAME (LAST, FIRST, MIDDLE)	HOME ADDRESS	DOB	SEX
PRESENT LOCATION OF CHILD			
PHONE ( )			

INCIDENT INFORMATION:

DATE/TIME OF INCIDENT	LOCATION OF INCIDENT Address: CITY:

TYPE OF ABUSE: (CHECK ALL THAT APPLY) SEE DEFINITIONS ON BACK

☐PHYSICAL ☐MENTAL ☐SEXUAL ☐NEGLECT ☐STATUTORY SEXUAL SEDUCTION ☐MEDICAL NEGLECT
☐PRENATAL ILLEGAL SUBSTANCE ABUSE ☐INFANT WITHDRAWAL SYMPTOMS
☐OTHER (PLEASE EXPLAIN) _____

OBTAINED INFORMATION FROM:

☐OBSERVED INCIDENT ☐VICTIM ☐SECOND PARTY: _____

PLEASE DESCRIBE THE SPECIFIC INCIDENT:

☐CHECK IF PRIOR ABUSE/NEGLECT ON CHILD OR SIBLING. PLEASE DESCRIBE; ATTACH AN ADDITIONAL SHEET IF NECESSARY.

PARENT, GUARDIAN AND SIBLING INFORMATION:

MOTHER'S NAME	PHONE
ADDRESS (IF DIFFERENT THAN CHILD)	CITY/STATE/ZIP
FATHER'S NAME	PHONE
ADDRESS (IF DIFFERENT THAN CHILD)	CITY/STATE/ZIP

SIBLING NAME(S)	AGE	DOB	SEX	SCHOOL ATTENDED/GRADE

SUSPECT INFORMATION:

NAME	PHONE ( )
CURRENT ADDRESS	RELATIONSHIP TO CHILD(REN)

REPORTING PARTY:

NAME/TITLE		RELATIONSHIP TO CHILD(REN)
ADDRESS		
PHONE ( )	DATE OF REPORT	SIGNATURE

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