



INSTRUCTIONS: As required by, **16 Del. C, § 903 and 904** "Any person, agency, organization or entity who knows or in good faith suspects child abuse or neglect shall make a report in accordance with § 904 of this title. For purposes of this section, 'person' shall include, but shall not be limited to, any physician, any other person in the healing arts including any person licensed to render services in medicine, osteopathy or dentistry, any intern, resident, nurse, school employee, social worker, psychologist, medical examiner, hospital, health care institution, the Medical Society of Delaware or law enforcement agency. In addition to and not in lieu of reporting to the Division of Family Services, any such person may also give oral or written notification of said knowledge or suspicion to any police officer who is in the presence of such person for the purpose of rendering assistance to the child in question or investigating the cause of the child's injuries or condition. Any report of child abuse or neglect required to be made under this chapter shall be made to the Department of Services for Children, Youth and Their Families. An immediate oral report shall be made by telephone or otherwise. Reports and the contents thereof including a written report, if requested, shall be made in accordance with the rules and regulations of the Division, or in accordance with the rules and regulations adopted by the Division.

Within 72 hours after the **oral report**, mail or fax (302-577-5515) a completed Child Abuse/Neglect Mandatory Reporting Form to the address below. Please type or print the information and sign the form on the back.

DIVISION OF FAMILY SERVICES - STATE OF DELAWARE
3601 North Dupont Highway
New Castle, DE 19720-6315

IDENTIFYING INFORMATION

Child's Name (Last, First, Initial)	Date of Birth/ Age	Sex	Race	Victim (Yes / No)
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1. _____

Current Address: _____

2. _____

Current Address: _____

3. _____

Current Address: _____

4. _____

Current Address: _____

5. _____

Current Address: _____

Parents'/Custodians'/Caretakers' Names (Last, First, Initial)	Date of Birth/ Age	Sex	Race	Perpetrator (Yes / No)
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Mother _____

6. _____

Current Address: _____

Father _____

7. _____

Current Address: _____

Custodian/Caretaker (Relationship) _____

8. _____

Current Address: _____

Please specify for numbers 1-8 above:

Foreign language spoken: #'s _____ Specify type: _____

Disabilities: _____ #'s _____ Specify type: _____

