

CHILDREN SERVICES REPORT FORM

Has the PCSA received the written request from the Superintendent of Public Instruction for the information reported in this form?

Yes
No

Does the prosecuting attorney intend to prosecute the alleged perpetrator?

Yes
No

Has the prosecuting attorney determined this information may not be released?

Yes
No

If the prosecuting attorney intends to prosecute, is there written authorization from the prosecuting attorney to release certain information?

Yes
No

Date of Alleged Incident

Name of Investigator

Investigator's Telephone Number

Investigator's Agency/County

School District/School Building

Has local law enforcement been involved?

Yes
No

If local law enforcement is involved, provide name of the local law enforcement agency.

Full Name of Alleged Perpetrator

Date of Birth of Alleged Perpetrator

Address of Alleged Perpetrator

Telephone Number for Alleged Perpetrator

Has medical treatment been provided to the Alleged Perpetrator?

Yes

No

Unknown

If yes and information is available, name of medical facility that provided treatment

Full Name of Alleged Child Victim

Date of Birth of Alleged Child Victim

Grade Level of Alleged Child Victim

Address for Alleged Child Victim

Telephone Number for Alleged Child Victim

Name of Alleged Child Victim's Parent, Guardian, or Legal Custodian

Address for Alleged Child Victim's Parent, Guardian, or Legal Custodian

Telephone Number for Alleged Child
Victim's Parent, Guardian, or Legal
Custodian

Has medical treatment been provided to
the Alleged Child Victim

Yes

No

Unknown

If yes, name of medical facility that
provided treatment

Summary of the allegation:

Description of child abuse or neglect which occurred, based on PCSA determination; or status of investigation if not yet complete:

Prior reports summary:

Summary of child interviews:

Other interviews:

Will you be providing additional documentation or correspondence? Yes
No

How will you provide the additional documentation? Email
Fax
Mail

Contact Information:

Ohio Department of Education
Office of Professional Conduct
25 South Front Street, Mail Stop 104
Columbus, OH 43215

website: www.education.ohio.gov

Fax: 614-995-3752

Email: Educator.Conduct@education.ohio.gov

If you need assistance in completing this form, please contact the Office of Professional Conduct at (614) 466-5638.