

Lewisville ISD  
**REPORT OF CHILD ABUSE OR NEGLECT**

<b>Name of Child</b>	<b>Date of Birth or Age of Child</b>	<b>Today's Date</b>
<b>Child's Home Address (Street, City, State, Zip)</b>		

NAMES OF PARENTS OR PEOPLE RESPONSIBLE FOR CHILD	RELATIONSHIP TO CHILD

Name of siblings with ages: \_\_\_\_\_

When and where can the child be seen? (give dates and places): \_\_\_\_\_

Briefly describe the situation and/or condition of the child: \_\_\_\_\_

**Type of report made:**

- Oral – CPS – 800-252-5400       Faxed – 512-339-5900 or 800-647-7410  
 Oral – Police Department       Online – <https://www.txabusehotline.org>

**PERSON MAKING THIS REPORT** (Anonymous reports are accepted, but CPS staff will be able to do a better investigation if they can contact you.)

<b>Name</b>	<b>Name of Campus</b>
<b>Work Address (Street, City, State, Zip)</b>	<b>Work Telephone</b>
<b>Or, I prefer to be contacted at home: Home Address (Street, City, State, Zip)</b>	<b>Home Telephone</b>

Original to Counselor; copies to Principal and Director of Guidance. Nurses send a copy to Director of Health Services

