



Little Wound School
Appendix A – LWS Child Abuse and Neglect Reporting Form

Effective: February 12, 2024

Little Wound School		Report Date:	Report Time:
SCHOOL INFORMATION			
1. Reporting School		2. School Principal/Administrator or Designee:	
3. School Phone Number:		4. School Principal/Administrator Phone Extension or Cell Phone Number:	

PERSONAL INFORMATION OF VICTIM (Required)			
5. Last Name:		First Name:	Middle Name:
6. DOB:	7. Age	8. Grade Select Grade	9. Sex Select Gender
10. Check suspected Abuse: <input type="checkbox"/> Physical Abuse. <input type="checkbox"/> Emotional Abuse <input type="checkbox"/> Sexual Abuse <input type="checkbox"/> Neglect (Basic needs- food, clothing, shelter) <input type="checkbox"/> Neglect (Medical) <input type="checkbox"/> Neglect (Educational)			
10. Describe the specific incident (do not leave blank)			
11. Name of Parent(s), Guardian, Custodian (required):			12. Relationship to victim:
13. Contact Telephone Number of Parents, Guardian, or Custodian: () -			
14. Complete Mailing Address: (Required)		15. Physical Location of Residence (Required):	

ALLEGED OFFENDER INFORMATION (Required):	
16. Full Name of Alleged Offender (If a minor/peer, then indicate age or grade in box 17)	17. Alleged Offender's Position/Status (Required) <input type="checkbox"/> LWS Employee <input type="checkbox"/> LWS Contractor/Consultant <input type="checkbox"/> Volunteer <input type="checkbox"/> Relative _____ specify <input type="checkbox"/> Other _____ specify <input type="checkbox"/> Student* (age) <small>*Refer to school/agency policies and procedures for any alleged offenders</small>
18. If LWS Employee, Position Title:	
19. Contact Information for Alleged Offender: Day Telephone: () - Address or Physical Location:	



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20. Location of alleged incident:	21. Date of alleged incident:	under the age of 18 or classified as a student.
	22. Time of the alleged incident:	
23. Describe the incident:		
24. Full Names and telephone numbers of potential witness(es):		

Mandatory Reporter Information	
25. Full Name and Title of Mandatory Reporting above incident:	26. Signature: Date:
27. Full Name of School Superintendent or Designee:	28. Signature: Date:
29. Has the Mandatory Reporter Requested Protection of their identity? Yes <input type="checkbox"/> No <input type="checkbox"/>	30. Initials of Mandatory Reporter: _____



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CONFIDENTIALITY AGREEMENT

By the Indian Child Protection and Family Violence Prevention Act, the identity of any person making a report of suspected child abuse or neglect shall not be disclosed, without the consent of the individual, to any person other than a court of competent jurisdiction or any employee of an Indian tribe, a State or the Federal Government who need to know the information in the performance of such employee's duties.

By signing this agreement, I understand that:

1. Confidentiality means that I cannot discuss any matter pertaining to the any child abuse or neglect case, except as allowed by law. Pursuant to section 552a of title 5, United States Code, the Family Education Rights and Privacy Act of 1974 (20 USC 1232g), or any other provision of law, agencies of any Indian tribe, of any State, or of the Federal government that investigate and treat incidents of abuse of children may provide information and records to those agencies of any Indian tribe, any State, or any Federal Government that need to know the information in performance of their duties. For purposes of this section, Indian tribal government shall be treated the same as other Federal Government entities.

2. The legal requirements of confidentiality mean that I cannot discuss any matter pertaining to the Suspected Child Abuse and/or Neglect Report I completed on this date with any member of my family, including parents, children, spouse, aunts, uncles, cousins, any school staff or with another person unless they are allowed access to such information by law.

3. If I do not keep substantiated and/or unsubstantiated child abuse and/or neglect cases confidential, I may be subject to disciplinary action up to and including termination of my job as allowed by tribal or federal law or LWS policies and procedures.

Signature of Mandated Reporter:

Position/Title:

Date:

Witnessed by:

Signature of School Supervisor, or Designee

Position/Title:

Date:



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Tracking of Notifications

LAW ENFORCEMENT NOTIFICATION Only indicate actual law enforcement agency (Required):			
Date and Time of Report	Agency Contacted	Person Contacted, Title & Telephone Number	Date & Time of Report
Verbal Contact (Required)			Written Contact (Required)
Date & time	Tribal:		<input type="checkbox"/> fax <input type="checkbox"/> email <input type="checkbox"/> Hand-delivered
Date & time	BIA Law Enforcement:		<input type="checkbox"/> fax <input type="checkbox"/> email <input type="checkbox"/> Hand-delivered
Date & time:	Local/State/ Other:		<input type="checkbox"/> fax <input type="checkbox"/> email <input type="checkbox"/> Hand-delivered
IF APPLICABLE, indicate the Law Enforcement Report/Case Number:			

Social Services/Child Protective Services Only indicate actual agency contacted (Required):			
Date and Time of Report	Agency Contacted	Person Contacted, Title & Telephone Number	Date & Time of Report
Verbal Contact (Required)			Written Contact (Required)
	Tribal:		<input type="checkbox"/> fax <input type="checkbox"/> email <input type="checkbox"/> Hand-delivered
	Local:		<input type="checkbox"/> fax <input type="checkbox"/> email <input type="checkbox"/> Hand-delivered
	State:		<input type="checkbox"/> fax <input type="checkbox"/> email <input type="checkbox"/> Hand-delivered