

**KENAI PENINSULA BOROUGH SCHOOL DISTRICT
REFERRAL FOR SUSPECTED CHILD ABUSE OR NEGLECT**

Office of Children's Services:
Initial phone contact to: 1-855-352-8934 (Regional Office)
Non-Urgent: FAX (907) 357-9762 (review by OCS within 24 hours)
Email: hss.ocsscrintake@alaska.gov

Telephone Report Made To: _____
Name of Person/Title _____ Date/Time _____

Or Messages Left At: _____
Record The Time Each Message Is Left For OCS To Return Your Call

Name of Student Referred _____ **Date of Birth** _____ **Sex/Race** _____ **Grade in School** _____

Parent/Guardian Names _____ **Home Address** _____ **Home Phone** _____ **Work Phone/Father** _____ **Work Phone/Mother** _____

Name(s) of Other Sibling(s): _____

**Observations and statements made by the student leading to the suspicion of abuse or neglect.
Include time and date of alleged abuse, name of alleged abuser, and relationship to student.**

Is there a history of similar injuries? Yes When? _____ No Unknown

OCS contact made by: Name & School _____

Date/Time _____ KPBSD _____ School Phone _____
Attn: Instructional Services - NBates
148 N. Binkley St.,
Soldotna, AK 99669

Identity of Reporter to Remain Confidential? Yes No

To Be Completed By the Principal or Designee Before Filing

Principal/Designee Signature Acknowledges This Confidential Referral to OCS

Principal/Designee Signature _____ Title _____

Distribute Copies To: Copy to Principal's Child Abuse/Neglect File--Confidential
Copy to Assistant Superintendent Instructional Services