Commonwealth of Massachusetts Department of Social Services

Report of Child(ren) Alleged to be Suffering From Serious Physical or Emotional Injury by Abuse or Neglect

Massachusetts law requires an individual who is a mandated reporter to immediately report any allegation of serious physical or emotional injury resulting from abuse or neglect to the Department of Social Services by oral communication. This written report must then be completed *within 48 hours* of making the oral report and should be sent to the appropriate Department office.

Please complete all sections of this form. If some data is unknown, please signify. If some data is uncertain, place a question mark after the entry.

| DATA ON CHILDREN REPORTED | | | |
|---------------------------|--------------------------|-------------|-------------------------|
| Name | Current Location/Address | Sex | Age or Date of Birth |
| | | Male Female | |
| | | Male Female | |
| | | Male Female | noncontiones. |
| | | Male Female | |
| | | Male Female | |

DATA ON MALE GUARDIAN OR PARENT Name: Last Middle Address: Street and Number City/Town State Zip Code Telephone Number: Age: DATA ON FEMALE GUARDIAN OR PARENT Name: First Last Middle Address: Street and Number City/Town State Zip Code Telephone Number: Age: DATA ON REPORTER/REPORT Mandatory Report Voluntary Report Report Date: Reporter's Name: (If the reporter represents an institution, school, or facility, please indicate) Reporter's Address: Street and Number City/Town State Zip Code Telephone Number: Has reporter informed caretaker of report? Yes No

OAS-020 Abuse & Neglect Rpt-3

| What is the nature and extent of injury, abuse, maltreatment, or neglect, including prior evidence of same? (Please cite the source of this information if not observed firsthand.) |
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| What are the circumstances under which the reporter became aware of the injuries, abuse, maltreatment, or neglect? |
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| AMERICA (T. Martin) |
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| What action has been taken thus far to treat, shelter, or otherwise assist the child(ren) to dea with the situation? |
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| Please give other information that you think might be helpful in establishing the cause of the injury and/or the person(s) responsible for it. If known, please provide the name(s) of the alleged perpetrator(s)? |
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| Signature of Reporter: |