

REPORTING OF SUSPECTED CHILD ABUSE & NEGLECT

Navajo Nation Division of Social Services, Crownpoint Agency Ph# (505) 786-786-2236

NM State Department of Children, Youth and Families, Child Protective Service Division Ph# 1-855-333-7233

Name of Student: _____ DOB: _____ Age: _____

Ethnicity: _____ Tribal Affiliation: _____ Census#: _____

Parent/Guardian: _____ Phone#: _____

Mailing address: _____

Directions to home: _____

Siblings: _____

Alleged perpetrator: _____ Relationship to student: _____

Suspected type of Abuse/Neglect: _____

Describe incident:

School: ___ CES ___ CMS ___ CHS Principal: _____

Cuba Independent School District PO Box 70 Cuba, NM 87013 Phone: 575-289-3211 Ext. _____

Signature and title of person making report: _____

Date: _____

Initial if you want your identity protected: _____