ANACORTES SCHOOL DISTRICT
Passion. Purpose. Possibility.

2200 M Avenue | Anacortes, WA 98221 | Phone 360-503-1200 | Fax 360-503-1201 | www.asd103.org

Form No. 3421-F1

RECORD OF REFERRAL TO DEPARTMENT OF SOCIAL/HEALTH SERVICES FOR SUSPECTED CHILD ABUSE

A. PARENT(S) IDENTIFICATION

B. CASE NUMBER_____

MOTHER'S LAST NAME FIRST M.I. DOB

WORKER NAME REFERRAL DATE

FATHER'S LAST NAME FIRST M.I. DOB

REFERRAL TIME

ADDRESS CITY ZIP TELEPHONE

C. TYPE OF CA/N

(CHECK ALL THAT APPLY)

____Physical Abuse
____Neglect
____Sexual Abuse
____Medical Neglect
____Emotional Neglect/Abuse
____Sexual Exploitation
____Other

D. NAMES OF CHILDREN (circle children identified as victims)

Last First M.I. DOB Age School

E. REFERENT IDENTIFICATION

Name of Referent Relationship

Address Telephone Number

Requests Call Back __Yes __No

Requests Confidentiality __Yes __No

F. SPECIFIC ALLEGATIONS (Describe specific behaviors and conditions, include where and when incident(s) occurred. Attach additional sheets if necessary.)

☐ Medical Treatment Required ☐ Medical Evaluation Recommended

G. WHEREABOUTS OF CHILD(REN) ALLEGED TO BE VICTIMS OF CA/N, IF NOT AT HOME:

H. ALLEGED PERPETRATOR IDENTIFICATION

Name

Address City Zip

Telephone # Access to Child
_____ __Yes __No

RELATIONSHIP TO VICTIM

__Parent __Relative __Foster Parent
__3rd Party __Group Home __School Staff
__Day Care __Parent's Paramour __Other