

# 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 Children and Families by:

**STEP 1: Immediately reporting by oral communication to the area office nearest to you (see contact information at end of form); and  
 STEP 2: Completing and sending this written report to the appropriate Department of Children and Families office within 48 hours of making the oral report.**

For more information about requirements for mandated reporters and filing a report of alleged abuse and/or neglect please see **A Guide for Mandated Reporters** available on the DCF website at [www.mass.gov/dcf](http://www.mass.gov/dcf).

Please complete all sections of this form. If some data is uncertain or unknown, please signify by placing a question mark ("?") after the entry.

## U CHILDREN REPORTED

Name	Current Location / Address	Sex	Age or Date of Birth
_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____
_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____
_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____
_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____
_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____

## U PARENT OR GUARDIAN 1

Name			
_____	_____	_____	_____
First	Last	Middle	
Address			
_____	_____	_____	_____
Street & Number	City / Town	State	Zip Code
Phone #		Age/Date of Birth	
_____	_____	_____	_____

## U PARENT OR GUARDIAN 2

Name:			
_____	_____	_____	_____
First	Last	Middle	
Address:			
_____	_____	_____	_____
Street & Number	City / Town	State	Zip Code
Phone #:		Age/Date of Birth	
_____	_____	_____	_____

## U REPORTER / REPORT

Report Date:	<input type="checkbox"/> Mandatory Report	<input type="checkbox"/> Voluntary Report	
Reporter's Name:			
_____	_____	_____	_____
First	Last	Middle	
(If the reporter represents an institution, school or facility, please indicate)			
Reporter's Address:			
_____	_____	_____	_____
785 Albany Street	Boston, Ma.	02118	
Street & Number	City / Town	State	Zip Code
Phone #:		617-343-1144	
_____	_____	_____	_____
Has reporter informed caretaker of report ?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			

What is the nature and extent of injury, abuse, maltreatment, or neglect? Please include information on any prior evidence of same and other worries regarding danger to the child(ren). (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 or maltreatment, or neglect? Pedikit# (if applicable):

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What action has been taken thus far to treat, shelter, or otherwise assist the child(ren) to deal with the situation?

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If report involved alleged domestic violence, please list any information that will help DCF make safe contact with the family (e.g., work schedule, place of employment, daily routines for the adult victim).

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Please provide 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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Please provide any information about the family's strengths and protective capacities that you think will be helpful to DCF in ensuring the child's safety and supporting the family to address the abuse and/or neglect concerns.

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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: \_\_\_\_\_

**To report child abuse and/or neglect:** Weekdays from 9:00 am to 5:00 pm call the DCF Office nearest you from the list below.  
Weekdays **after** 5:00 pm and 24 hours on weekends and holidays call the  
**Child-At-Risk-Hotline 1-800-792-5200**

**DCF AREA OFFICES**

**Western Region**

Greenfield 413-775-5000  
Holyoke 413-493-2600  
Springfield 413-452-3200  
Robert Van Wart Center 413-205-0500  
East Springfield  
Worcester, East & West 508-929-2000  
Whitinsville 508-929-1000  
Leominster 978-353-3600  
Pittsfield 413-236-1800

**Northern Region**

Lowell 978-275-6800  
Framingham 508-424-0100  
Haverhill 978-469-8800  
Lawrence 978-557-2500  
Cambridge/Somerville 617-520-8700  
Malden 781-388-7100  
Cape Ann, Salem 978-825-3800  
Lynn 781-477-1600

**Southern Region**

Arlington 781-641-8500  
South Weymouth 781-794-4400  
Cape Cod & Islands 508-760-0200  
Plymouth 508-732-6200  
Fall River 508-235-9800  
New Bedford 508-910-1000  
Brockton 508-894-3700  
Taunton/Attleboro 508-821-7000

**Boston Region**

Dimock Street, Roxbury 617-989-2800  
Hyde Park 617-363-5000  
Harbor, Chelsea 617-660-3400  
Park Street, Dorchester 617-822-4700