

ARIZONA DEPARTMENT OF ECONOMIC SECURITY Administration for Children, Youth and Families Child Protective Services (CPS)

CHILD ABUSE HOTLINE REPORT

Mandated reporting sources must follow-up all telephone reports to Child Protective Services (CPS) with a written statement within seventy-two (72) hours, A.R.S. §13-3620. Completing this form fulfills the written requirement for mandated reporting sources. Reports made in good faith are immune from civil or criminal liability. Mail to: Child Abuse Hotline, P.O. Box 44240, Phoenix, AZ 85064-4240. To report child abuse, call the Hotline at 1-888-767-2445.

Phoenix,	AZ 85064-4240. To report of	child abuse, call the Hotling	e at 1-888-767-244	5.		
DATE REPO	RTED TO CPS CHILD ABUSE HOTLINE		TIME REPORTED			
REPORTING	SOURCE'S NAME AND/OR AGENCY					
REPORTING	S SOURCE'S PHONE NO.	CHILD ABUSE HOTLINE CA	LL NO. (If known)	CPS SPECIALIST'S NAME (If	known)	
AS REQ	UIRED IN A.R.S. §13-3620,	THE REPORT SHALL C	CONTAIN:			
	The names and addresses of the minor and his/her parents or person or persons having custody of such minor, if known.					
	The minor's age and the nature and extent of his/her injuries or physical neglect, including any evidence of previous injuries or physical neglect.					
	3. Any other information that such person believes might be helpful in establishing the cause of the injury or physical neglect.					
PARENT, GI	JARDIAN OR CUSTODIAN'S NAME					
ADDRESS (A	No., Street, City, State, ZIP)					
HOME PHO	NE NO.		WORK PHONE NO.			
PARENT, GI	JARDIAN OR CUSTODIAN'S NAME		l			
ADDRESS (A	No., Street, City, State, ZIP)					
HOME PHO	NE NO.		WORK PHONE NO.			
CHILD'S NA	ME		I	DAT	E OF BIRTH	
CHILD'S AD	DRESS (No., Street, City, State, ZIP)					
CHILD'S NA	ME			DAT	E OF BIRTH	
CHILD'S AD	DRESS (No., Street, City, State, ZIP)					
CHILD'S NA	ME			DAT	E OF BIRTH	
CHILD'S AD	DRESS (No., Street, City, State, ZIP)			I		
CHILD'S NA	ME			DAT	E OF BIRTH	

CHILD'S ADDRESS (No., Street, City, State, ZIP)