

APPENDIX III**Report Re: Allegations of Child Abuse/Maltreatment**
(to be completed and given to the Principal)**Windsor-Essex Children's Aid Society (519) 252-1171**

Date & Time of Allegation	Date & Time Report Completed	
Name of Child		Date of Birth (MM/DD/YYYY)
Parent(s)/Guardian(s)		
Address of Child		Phone
Address of Parent/Guardian (if different)		
Siblings (names & ages)		
School		Grade
Principal	Teacher	

ALLEGATION

What did you witness/observe/hear (including injuries)?
What was the child's explanation?
How did the child appear (physical appearance, child's mood/behaviour)?
Windsor-Essex CAS worker contacted
Date/Time of Call

REPORTED BY:

Name (Please Print)	Position
Signature	