



Child Abuse and Neglect Reporting Form

[Reset Form](#)

To: Department of Social Services
805 Brightseat Road
Landover, Maryland 20785

From: _____
(Name of Person Making Report)

Position: _____
(Position or Title)

Location: _____
(Office/School)

Phone Number: _____

Department of Social Services

Hours to Call

Monday – Friday 8:30 a.m. – 4:30 p.m. (301-909-2450)

Weekends, Holidays, and before 8:30 a.m.
or after 4:30 p.m. (301-699-8605)

Fax: 301-909-2460

Report of Suspected (check ALL that apply)

☐ Child Sexual Abuse

☐ Child Physical Abuse

☐ Child Neglect

☐ Child Mental Injury

How to Complete

The Child Abuse and Neglect Form

1. **Call CPS to make a report**
2. **Complete, save, and print form**
3. **Fax form to CPS**
4. **Pony mail form to:**
 - Employee and Labor Relations, Sasscer Building, Room 210
 - Security Services, Largo Offices
5. **Mail form to:**
 - Office of State's Attorney Courthouse, Room 349M
 - 1435 Main Street
 - Upper Marlboro, MD 20772
6. **Retain a copy of the form in:**
 - School Abuse/Neglect Folder

Please respond to each item even if reply is "unknown" or "none."

Name of Child: _____ Date of Birth: _____ Grade: _____

Home Address: _____

Name of Parent, Legal Guardian or Custodian: _____

Address and Phone Number: _____

Current Location of Alleged Victim: _____

Name of suspected abuser: _____

Address/Phone Number: _____

Location of incident: _____

Names and ages of other children in home: _____

Indicators of Physical or Sexual Abuse

Describe current injury or sexual abuse:	
Describe any previous injury or sexual abuse:	
Describe previous action taken, if any:	

Indicators of Neglect or Mental Injury

Describe any previous neglect:	
Describe any action taken, if any:	

Signature: _____
(Signature of Person Making Report)

Date: _____