



JUVENILE REHABILITATION ADMINISTRATION (JRA)
REPORT TO PROTECTIVE SERVICES

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 Report Alleged Abuse or Neglect Informational Report (placement, etc.)

FACILITY'S NAME		TELEPHONE NUMBER	INCIDENT DATE	INCIDENT TIME <input type="checkbox"/> AM <input type="checkbox"/> PM
DATE REPORTED TO STAFF	STAFF'S NAME		DATE REPORTED TO IMMEDIATE SUPERVISOR	
REPORTING PERSON'S NAME			IMMEDIATE SUPERVISOR'S NAME	
REPORTING PERSON'S POSITION	REFERRAL DATE	REFERRAL TIME <input type="checkbox"/> AM <input type="checkbox"/> PM	LAW ENFORCEMENT REFERRAL <input type="checkbox"/> YES <input type="checkbox"/> NO	
PROTECTIVE SERVICES CONTACT PERSON'S NAME			TELEPHONE NUMBER	
INTAKE OFFICE			OFFICE HOURS	
NAME OF STAFF PERSON COMPLETING DESCRIPTION OF INCIDENT				DATE

ALLEGED VICTIM INFORMATION

ALLEGED VICTIM'S LAST NAME	FIRST NAME	MIDDLE INITIAL	RACE	DATE OF BIRTH
CURRENT ADDRESS				CURRENT TELEPHONE NUMBER
HOME ADDRESS				HOME TELEPHONE NUMBER
PARENT(S) NAME(S) (IF APPLICABLE)				PARENT'S TELEPHONE NUMBER
PARENT(S) ADDRESS				IS ALLEGED VICTIM A VULNERABLE ADULT? <input type="checkbox"/> YES <input type="checkbox"/> NO
CASE MANAGER'S NAME				TELEPHONE NUMBER

ALLEGED PERPETRATOR INFORMATION

ALLEGED PERPETRATOR'S LAST NAME	FIRST NAME	MIDDLE INITIAL	RACE	DATE OF BIRTH
ADDRESS				
RELATIONSHIP TO ALLEGED VICTIM				TELEPHONE NUMBER
ALLEGED PERPETRATOR'S LAST NAME	FIRST NAME	MIDDLE INITIAL	RACE	DATE OF BIRTH
ADDRESS				
RELATIONSHIP TO ALLEGED VICTIM				TELEPHONE NUMBER

DESCRIPTION OF INCIDENT

INCLUDE WHERE THE INCIDENT TOOK PLACE, HOW IT TOOK PLACE, WHAT PHYSICAL/SEXUAL/MENTAL/EMOTIONAL INJURY WAS DONE, AND WHAT ACTION WAS TAKEN

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