PS-020-A (10-07)

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Administration for Children, Youth and Families

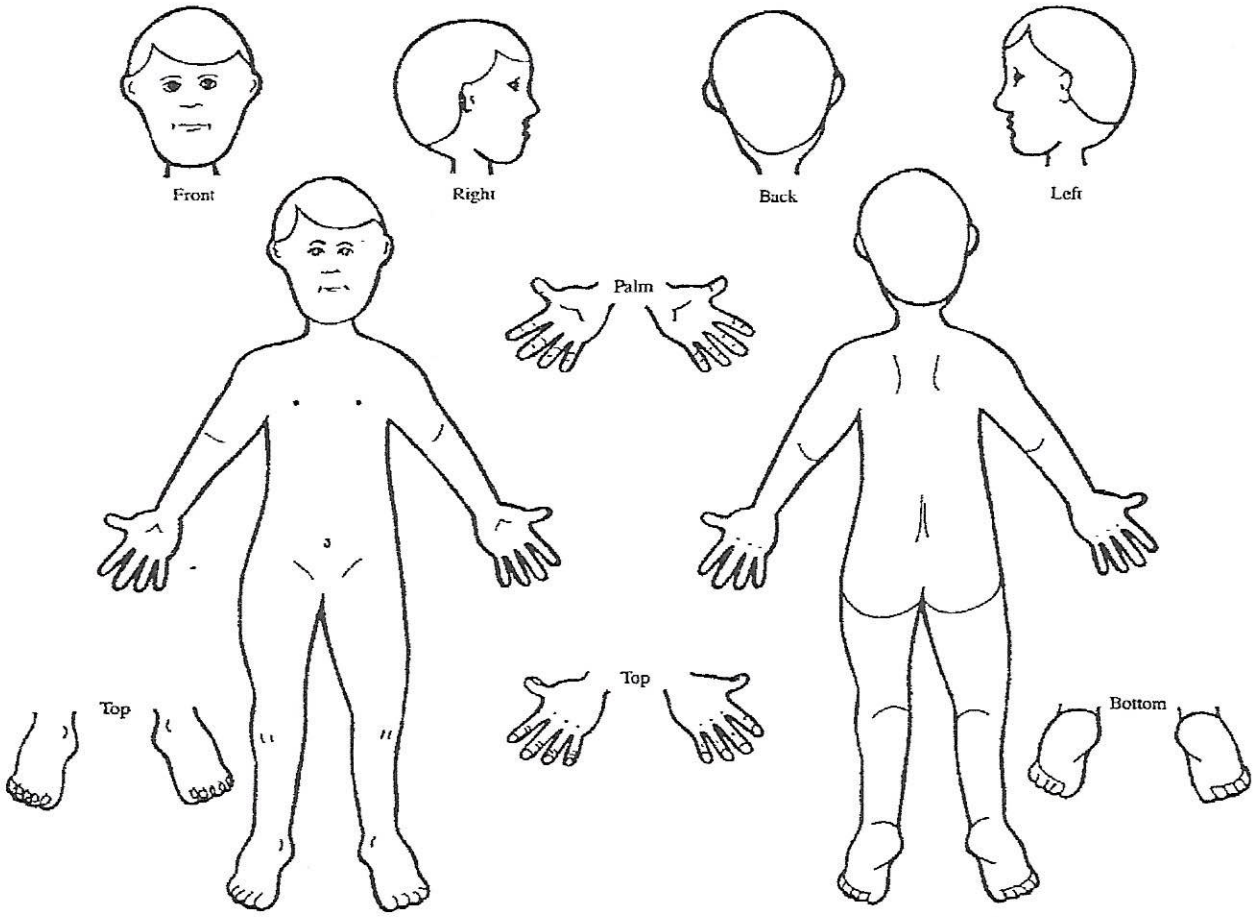
CHILD ABUSE OR NEGLECT REPORT

This form may be submitted to the Child Abuse Hotline in addition to the written report of abuse or neglect pursuant to A.R.S. § 13-3620. Reports made in good faith are immune from civil or criminal activity. 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.

CHILD'S NAME *(Last, First, M.I.)*	DATE

CHECK (✓) THOSE THAT APPLY AND ENTER LETTER AND NUMBER AS APPROPRIATE ON THE CHILD DIAGRAMS TO SHOW LOCATION OF INJURY(IES)

☐ A = Burn ☐ B = Bruise ☐ C = Laceration ☐ D = Fracture ☐ E = Other
☐ 1 = Bright Red ☐ 2 = Purple ☐ 3 = Blue ☐ 4 = Green ☐ 5 = Yellow



Record child's physical injuries on appropriate areas and attach to the written documentation. Include the shape, size and colors.

PRINT NAME OF PERSON PROVIDING INFORMATION	SIGNATURE OF PERSON PROVIDING INFORMATION	DATE

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, and disability. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact 602-542-0220; TTY/TDD Services: 7-1-1.