

Confidential

DCFS Hotline Call Documentation

1.800.252.2873

Canton Field Office 647.0051

Name of Child _____

Address _____

Age _____ Birthdate _____

Siblings

Name

Age

School

Brief description of concern:

Date call was placed _____ Time of call _____

Name of intake worker _____

Case number _____ (if available)

Was call taken or were no intake workers available and they had to call back?

Call taken: _____ (state the time)

Unavailable: _____ (state the time the call was returned)

RETURN THIS FORM TO THE OFFICE AFTER THE HOTLINE CALL HAS BEEN MADE.

Copy sent to Superintendent _____

date

**TO BE COMPLETED BY OFFICE PERSONNEL
AFTER THE INITIAL HOTLINE CALL**

Name of investigator who came to the building to interview the child:

_____ Date _____ Time _____

Comments:

Other individuals who were interviewed by the investigator:

Principal Comments:

Attach Written Confirmation of Suspected Child Abuse Form