

CAL RIPKEN, SR. FOUNDATION

**CHILD SEX ABUSE AND EXPLOITATION
INCIDENT REPORTING FORM**

The following incident information was provided to:

(Name of Person/Title)

(Name of Child Protective Services Agency)

(Address)

(Phone Number)

(Name of Person/Title)

(Name of Law Enforcement Agency)

(Address)

(Phone Number)

Child and Incident Information:

(Child's Name)

(Date of Birth)

(Parent or Guardian(s) Name)

(Address)

(Phone Number)

(Physical Indicators Observed)

(Child's Statements, if any)

(Behavioral Indicators Observed)

(Other Indicators Observed/Known)

(Alleged Perpetrator and relationship to the child)

(Reporter's Name and Title)

(Date of Report)

(Disposition)

(Date)

(Signature)



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FOUNDATION**

TRANSFORM COMMUNITIES, CHANGE KIDS' LIVES