

**FORM TO BE USED WHEN SUSPECTED
CHILD ABUSE CASES ARE REPORTED
TO A CHILDREN'S AID SOCIETY**



80 Sheppard Avenue East
Toronto, Ontario M2N 6E8 (416) 222-8282

RECORD OF SUSPECTED CHILD ABUSE FORM

CHILD'S NAME _____ D.O.B. _____

ADDRESS _____

_____ PHONE _____

SCHOOL _____

1. Nature and extent of injuries: Physical Sexual Emotional Neglect

2. Suspected abuse reported by:

Name _____ Position _____

Date _____ Time _____

Name of CAS reported to Catholic Children's Aid Society of Toronto
 Children's Aid Society of Toronto
 Native Child & Family Service of Toronto
 Jewish Family & Child Service of Greater Toronto

Name of person reported to _____ Position _____

Phone Number _____

***Instruction: Retain one copy. Forward one copy to
Dora Branco, Social Work Department***

Not to be included in the OSR