



State of Kansas
Office of the Attorney General
Derek Schmidt



SUSPECTED CHILD ABUSE & NEGLECT IN STATE INSTITUTIONS

Pursuant to K.S.A. 2010 Supp. 38-2225 and K.S.A. 2010 Supp. 38-2226

Please complete entire form. You may attach additional sheets if necessary. Immediately print and fax this form to (785) 291-3875.

Questions (785) 296-7968.

After hours emergency (785) 296-8262 and fax form to (785) 296-6296

1 GENERAL INCIDENT INFORMATION

State Institution Unit or POD Location
 Date of Incident Time of Incident Shift

2 SUBJECT INFORMATION

Subject 1 Name Date of Birth SSN
 Male Female Juvenile Offender Juvenile Correctional Officer Shift

Injuries

Subject 2 Name Date of Birth SSN
 Male Female Juvenile Offender Juvenile Correctional Officer Shift

Injuries

3 VICTIM INFORMATION

Victim Name Male Female Date of Birth
 Juvenile Offender Juvenile Correctional Officer Shift

Injuries

4 WITNESS INFORMATION

Witness Name Male Female Date of Birth
 Juvenile Offender Juvenile Correctional Officer Shift

5 SUMMARY OF INCIDENT

Summary

6 REPORTING PARTY INFORMATION

R/P Name (optional) Title Phone