



Georgia Child Protective Services Mandated Reporter Form

A report can be made by calling **1-855-422-4453**, 24 hours a day, 7 days a week, 365 days per year. A Case Manager will respond to your call quickly and gather necessary information needed to assess the child's safety.

Mandated Reporters also have three additional CPS reporting options.

Please use only one CPS reporting option per family:

Option One: Complete your report on the CPS mandated reporter website at: <https://cps.dhs.ga.gov>. Upon submission of the report, you will receive an autoreply from the website stating the CPS report has been received. You will receive a return phone call within 2 hours if additional information is needed. Once the report is entered and stage progressed in SHINES, you will receive a mandated reporter letter via email to the email address used to log into your account.

Before you can register on the mandated reporter website, you must take a short, free online mandated reporter training offered by Pro Solutions training at: <https://www.prosolutionstraining.com>

Option Two: E-mail this form to cpsintake@dhs.ga.gov. You will receive an autoreply stating that the CPS report has been received. You will receive a return phone call within 2 hours if additional information is needed. Once the report is entered and stage progressed in SHINES, you will receive a mandated reporter letter via email to the email address provided on this form.

Option Three: Fax this form to **229-317-9663**. Once the report is entered and stage progressed in SHINES, you will receive a mandated reporter letter via email to the email address provided on your fax. You will receive a return phone call within 2 hours if additional information is needed.

To request a PDF version of this form or mandated reporter letter, please contact customer_services_dfcs@dhs.ga.gov

All reporters have the ability to make an anonymous report. Your information will be kept confidential and will not be shared. If court action is initiated, the case record may be subpoenaed as a result of court proceedings and the reporter cannot be assured confidentiality will be fully protected. It may be necessary for you to appear in court to protect the child. All reporters are immune from liability when the report is made in good faith.

Please note that you may be called for additional information regarding this report.

DATE:

Time:

County where child resides:

Location of child at time of report:
 Reporter's Name, Title, Telephone, & e-mail address:
 Reporter's Organization and Organization address:

Primary Caretaker of Child:
 Address of Primary Caretaker:
 Reporter's relationship to Child:

Additional person (and contact information) who can be contacted if you, the reporter, are not available and additional information is needed:
If you are the designated reporter for your agency (i.e. school counselor, law enforcement dispatch...), please indicate the primary staff-person in your organization who has firsthand knowledge of the suspected child maltreatment and/or knows the child and family. DFCS's ability to speak directly with those having firsthand knowledge of the suspected child maltreatment and/or knows the child and family is critical for assessment of short- and long-term safety and well-being of the alleged victim child.

Name, Contact Information and Best Time to Reach Staff-person with firsthand knowledge of child/family:

Family Name/Who has custody of child(ren):

Mother's Name: **RACE:** **DOB:**
SSN: Alleged Maltreater:

Mother's Residence:
Mother's Employment:
Mother's Telephone Number: **Marital Status:**

Father's Name: **RACE:** **DOB:**
SSN: Alleged Maltreater:

Father's Residence:
Father's Employment:
Father's Telephone Number: **Marital Status:**
Language **ALT Contact Info:**

If a school reporter, please indicate all Emergency Contact information on file with the school and date this information was obtained from family:

CHILDREN

Child's Name	Victim	Sex	Race	DOB	SSN	Grade Level

OTHER HOUSEHOLD MEMBERS:

Name	Relationship To Primary Caretaker	Language	Marital status	Race	DOB	SSN	Maltreater

OTHER ADULTS OF SIGNIFICANCE NOT RESIDING IN HOME:

Name	DOB	SSN	Relationship to Primary Caretaker	Langu age	Marital Status	Race	Address/ Phone number	Maltreater

Would you like to be notified if an investigation is completed and whether abuse is substantiated or unsubstantiated? Please indicate Yes _____ or No _____

Is the either parent/guardian active military?

_____ Yes _____ No _____ Unknown

Location/Station (if yes):

Does the child and/or parent/primary caregiver have, or is believed to have, American Indian heritage?

____ Yes ____ No ____ Unknown

Tribe Information (if yes):

To your knowledge, has anyone in the home either recently or currently been ill or running a fever?

____ Yes ____ No ____ Unknown

Narrative:

The following information is critical to ensuring that we respond appropriately to this report of suspected child maltreatment. The importance of you supplying as much and as detailed information as possible for each of these areas cannot be stressed enough. (The sections will expand to accommodate as much information as you enter.) Please provide the following information in the Narrative section below:

Please tell how the maltreater neglected or abused the child.

How has the neglect or abuse harmed/affected the child?

How do you know this information?

When did this abuse or neglect last occur?

Is this likely to occur again?

Is this child in any danger now?

Does the maltreater have access to this child now?

Where is the child at this time?

Family supports, worker safety concerns, or other comments: