



Report of Abuse under the *Child Youth and Family Enhancement Act*

**- CONFIDENTIAL -**

<b>DATE:</b>
<b>SCHOOL:</b>
<b>Name and Grade(s) of Student(s) that were (are) the subject of this report:</b>
<b>Name of staff member reporting:</b>
<b>Which person at Children and Family Services did you speak to regarding your concerns?</b>
Barrhead / Swan Hills 780-674-8321; Westlock 780-349-7720 Outside of regular working hours - The 24-hour Child Abuse Hotline – 1-800-387-5437.
<b>What day and time did you report?</b>
<b>Who else witnessed the incident that caused you to have concern?</b>
<b>Please provide details as to why you suspected concerns related to these children.</b>

\* Send the completed form immediately to the Director of Student Services, c/o Regional Services Office, Barrhead.