

CHILD ABUSE HOTLINE NOTIFICATIONYOUTH INVESTIGATIONS DIVISION
CHICAGO POLICE DEPARTMENT

SCR NO.

FILE NO.

RD NO.

SECTION 1 - TO BE COMPLETED BY THE ILLINOIS DEPARTMENT OF CHILDREN & FAMILY SERVICES

RECEIVED BY	DATE RECEIVED - TIME	INITIAL INVESTIGATION	<input type="checkbox"/> SEX ABUSE
		<input type="checkbox"/> PHYSICAL ABUSE	<input type="checkbox"/> NEGLECT <input type="checkbox"/> DEATH
VICTIM'S NAME	SEX - RACE	AGE	DATE OF BIRTH
VICTIM'S ADDRESS	TELEPHONE NO.	VICTIM NOW AT	
LIVING WITH	RELATIONSHIP		
PARENT'S NAME(S)	ADDRESS	TELEPHONE NO.	
OUTCRY WITNESS/WITNESS/COMPLAINANT/REPORTER	RELATIONSHIP		
ADDRESS	TELEPHONE NO.		
NAME OF HOSPITAL	PHYSICIAN'S NAME	ADDRESS	TELEPHONE NO.

NATURE OF INJURIES OR ALLEGATION

ADDRESS OF OCCURRENCE	DATE OF OCCURRENCE	TIME
ALLEGED OFFENDER	DATE OF BIRTH	SEX-RACE AGE RELATIONSHIP
ADDRESS	TELEPHONE NO.	
VICTIM NO.2/AT RISK (SPECIFY)	SEX-RACE	AGE DATE OF BIRTH
VICTIM NO.3/AT RISK (SPECIFY)	SEX-RACE	AGE DATE OF BIRTH
PREVIOUS INCIDENTS	C.	
A.	D.	
B.		

SECTION 2 - YOUTH INVESTIGATIONS DIVISION ADMINISTRATION USE ONLY

RECEIVED BY	AREA NOTIFICATION RECEIVED BY	DATE & TIME AREA NOTIFIED
PERIOD	MONTH	YEAR
AREA/OCCURRENCE	DISTRICT/OCCUR.	AREA ASSIGNED
		DETECTIVE ASSIGNED
		TIME
		SUPERVISOR