

Far West Family Services EAP

CPS Report

Date of Report: _____

Counselor Making Report: _____

CPS Office of Report: _____ Phone _____

Far West client involved: _____ Phone _____

Alleged Perpetrator: _____ Phone _____

Information provided to CPS:

1. The name, address and age of the child.

Name: _____ Age: _____

Address _____ City _____ State _____ Zip _____

2. The name and address of the child's parent, guardian or other persons having custody of the child.

Name: _____

Address _____ City _____ State _____ Zip _____

3. The nature and extent of the abuse or neglect.

4. Any evidence of previous incidences.

5. Any other information which may be helpful in establishing the cause of the child's abuse or neglect and the identity of the perpetrator.