



INSTRUCTIONS

The fastest and easiest way to report child abuse is to call the OCS reporting hotline at 800-478-4444. Staff are able to answer questions regarding mandatory reporting and can gather all required information over the phone.

To file a written report, you may complete the form below. Please be as detailed as possible. If it is believed the involved child(ren) are in immediate danger, it is recommended that the reporter contact both local law enforcement and the OCS reporting hotline at 800-478-4444.

Please note that **reporter identity is confidential** and will not be disclosed to the family or outside agencies unless court ordered. Reporters have the right to remain anonymous; however, screening decisions will not be available to anonymous reporters. Choosing to remain anonymous means the reporter's identity will not be documented in any way by OCS. This may impact mandatory reporters as there will be no record that mandatory reporting requirements have been fulfilled.

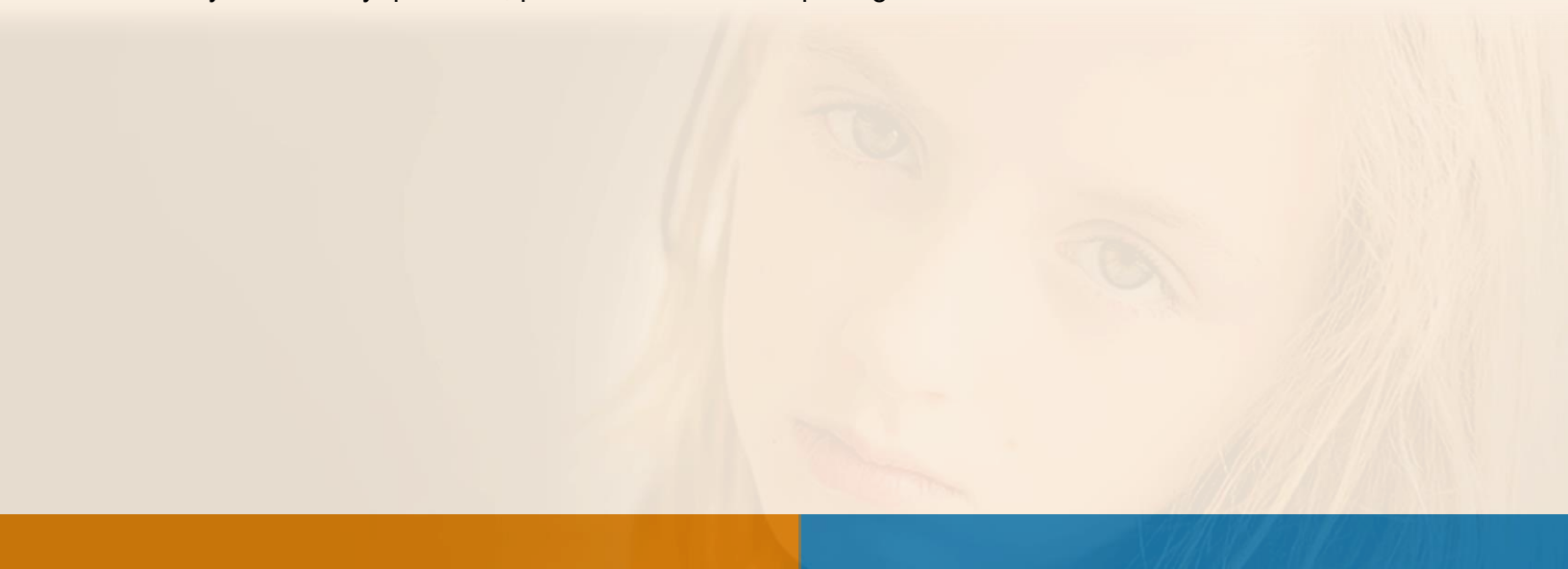
This OCS Report Form consists of five parts:

- I. [Instructions](#)
- II. [Reporter Information](#)
- III. [Caregiver Information](#)
- IV. [Children Information](#)
- V. [Perpetrators](#)
- VI. [Concerns](#)

Once you have finished filling out this form to the best of your ability, please:

- Save the completed PDF and email it to: reportchildabuse@alaska.gov; or,
- Print out the completed PDF and fax it to: 907-269-3939

If you have any questions, please call the OCS reporting hotline at 800-478-4444.



REPORTER INFORMATION

All reporter information is confidential. Reporters will only be identified if OCS is court-ordered to do so.

Name: _____

Phone: _____

Email: _____

Relationship to family: _____

Mandatory reporter (provide title / role): _____

Organization / Agency name: _____

Phone report made to OCS hotline: Yes No

Please note that report screening decisions are available to mandated reporters.
Please contact the OCS report hotline for the status of your report at 800-478-4444.

DEMOGRAPHIC INFORMATION: CAREGIVERS

Mother

Name: _____

DOB / Age: _____

Phone: _____

Address of home (or location description):

Resides in home Alleged perpetrator

Military personnel, Branch: _____

Father

Name: _____

DOB / Age: _____

Phone: _____

Address of home (or location description):

Resides in home Alleged perpetrator

Military personnel, Branch: _____

Other Caregivers

Name: _____

DOB / Age: _____

Relationship to child: _____

Address of home (or location description):

Resides in home Alleged perpetrator

Military personnel, Branch: _____

Other Caregivers

Name: _____

DOB / Age: _____

Relationship to child: _____

Address of home (or location description):

Resides in home Alleged perpetrator

Military personnel, Branch: _____

Custody

Describe the current caregiving / custody arrangement, including any court-ordered agreements:

Alleged
victim

[illegible][illegible]

OTHER PERPETRATORS (IF NOT IDENTIFIED ABOVE)

[illegible]

Use the space below to include any details about the perpetrator(s) that you feel are relevant. (For example: criminal history, sex offender, known Child Protective Services (CPS) history, access to home / children, etc.)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

CONCERNS

Date of alleged maltreatment: _____

Do you believe the children to be in immediate danger? Yes No

Please explain: _____

Is law enforcement currently involved? Yes No

If yes, please provide department and case number: _____

Types of maltreatment

Physical abuse	Mental / emotional abuse	Exposure to domestic violence	
Sexual abuse *	Homelessness **	Financial instability **	Neglect
Substance abuse (describe): _____			

* Mandatory reporters are legally required to report all suspected sexual abuse allegations to both OCS and local law enforcement (HB49, statute 47.17.020).

** If your concerns are related to financial instability or homelessness, please consider if these issues impact child safety and whether referrals to appropriate services / supports may be more appropriate. (Call 211 for assistance identifying services.)

Describe child safety concerns (provide details related to all checked maltreatment identified above):

CONTINUED ON NEXT PAGE

CONCERNS (CONTINUED)

Describe any observations, including injuries, behavioral issues / changes, fear, etc. that may suggest children are being impacted by the alleged maltreatment: _____

Has the child disclosed any maltreatment or issues in their home?	Yes	No
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Do you believe these concerns to be ongoing?	Yes	No
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Does the alleged perpetrator(s) have ongoing access to children?	Yes	No
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How often do the reported issues / maltreatment occur? _____

When do you suspect maltreatment will next occur? _____

Do the children suffer from any cognitive / developmental delays or medical issues that may make them especially vulnerable in this situation?	Yes	No
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If yes, please describe: _____

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