



**Coeur d'Alene Tribe**

Social Services Department  
Indian Child Welfare  
1120 B Street, P.O. Box 408  
Plummer, ID 83851

**CHILD ABUSE AND NEGLECT REFERRAL**

Person Reporting: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Does he/she wish to remain confidential: YES NO

Type of Report: \_\_\_\_\_ Physical \_\_\_\_\_ Sexual \_\_\_\_\_ Neglect

Action taken prior to report:  Principal  Parent/Guardian  No action taken

What is the nature of the complaint? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are the reasons for your suspicion/issue:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

Length of time of your observations:  1-5 days  5-30 days  1-9 months  > 1 year

Child/children affected:

<u>Name</u>	<u>Age</u>	<u>Sex</u>	<u>Tribe</u>	<u>School</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Physical Address of Children: \_\_\_\_\_

Parent(s)/Legal Guardian/Caretaker:

<u>Name</u>	<u>Relationship to Child</u>	<u>Race/Tribe</u>	<u>Address</u>	<u>Telephone</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**\*\* PLEASE FAX COMPLETED FORMS TO ICW MANAGER AT 208-686-2059**

*(THIS SECTION FOR ICW USE ONLY)*

Priority Level: 1 2 3  
Action Taken: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ ICW Staff: \_\_\_\_\_