

**SPRING BRANCH INDEPENDENT SCHOOL DISTRICT  
CAMPUS INFORMATION REPORTING FORM  
Report of Suspected Child Abuse or Neglect**

**IT'S THE LAW:** Any person who believes that a child's physical or mental health or welfare has been or may be adversely affected by abuse or neglect, or that the child has died of abuse or neglect must report his or her suspicions to the Texas Department of Human Services or to a law enforcement agency.

**REPORTING:** A report must be filed within 48 hours to the Texas Department of Regulatory Services by telephone (1-800-252-5400) or on line <https://reportabuse.ws/> (ID: professional PASSWORD: report1).

When a report is filed with the Texas Department of Regulatory Services, complete this form and fax it to the SBISD Police Department (fax 713-365-5600).

**COMMUNITY:** A person, who, without malice, makes a report or collaborates in the investigation of suspected child abuse or neglect is immune from civil or criminal punishment.

**CONFIDENTIALITY:** Reports of child abuse or neglect are confidential. Information in the reports, including name of the person making the report, may be used only for purposes consistent with the investigation of abuse or neglect.

**FAILURE** to report suspected physical or mental abuse or neglect of a child and false reporting with malice are crimes punishable by fine, imprisonment or both.

<b>NAME OF CHILD</b>	<b>DATE OF BIRTH</b>	<b>AGE</b>
<i>Child's Home Address (Street, City, State, Zip)</i>		
<b>NAME OF PARENTS OR PERSONS RESPONSIBLE FOR CHILD</b>		<b>RELATIONSHIP TO CHILD</b>
Does the child have brothers or sisters?    Yes                      No                      Don't Know		
<b>BRIEFLY DESCRIBE THE SITUATION AND/OR CONDITION OF THE CHILD</b>		
<b>PERSON MAKING THIS REPORT</b>		
Name:		Campus:
Position:		Campus Telephone:
Report filed with Texas Dept. of Regulatory Services by: <input type="checkbox"/> Phone <input type="checkbox"/> On Line		Date and time report filed:
Date Form Faxed to Police: _____	Principal: _____ Notified	Team Member: _____ Notified

**SPRING BRANCH INDEPENDENT SCHOOL DISTRICT  
Child Abuse or Neglect Reporting Procedure**

Claimant (person discovering/suspecting abuse or neglect) shall report child abuse/neglect within 48 hours as required by law (independently or with Team Member)

Child Protective Services (CPS)  
Telephone: 1-800-252-5400 (24 hours)  
Fax: 1-800-832-2090  
Website: <https://reportabuse.ws/>  
ID: professional  
Password: report1  
Address: 6300 Chimney Rock  
Houston, Texas 77081

In addition, notify Campus Team Member(s)

- Principal (*required notification by Team Members*)
- Assistant Principal
- Counselor and/or Social Worker
- Nurse and/or Nurse Assistant

AND

**Local Police Departments**

**SBISD Police: 713-984-9805**

**Houston Police: 9-1-1  
713-222-3131**

**Hedwig Village: 713-461-4797**

**Memorial Village: 713-468-7878  
713-468-7896**

**Spring Valley: 713-465-8323**

**FAX REPORT  
MADE BY CLAIMANT  
TO SBISD POLICE  
DEPARTMENT  
Fax: 713-365-5600**

**SBISD POLICE DEPARTMENT  
Will investigate  
All abuse cases  
That occur on  
SBISD property.**