

SOCIAL WORKER DISCLOSURE REPORT

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| Today's Date: | Date of Incident: | Report ID Number: |
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REPORTER INFORMATION

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| Last Name: | First: | Position: |
| Do you consent to disclosure of your identity? <input type="checkbox"/> Yes <input type="checkbox"/> No | Reporter Contact Information: | Phone Number: |
| | | May we contact you to follow up on report? <input type="checkbox"/> Yes <input type="checkbox"/> No |

INCIDENT AND AGENCY INFORMATION

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| County: | Agency Name: | Phone Number: |
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Agency Address:

Type of Concern

Endangers the Health or Well-being of a child

Contrary to statute/regulation

Contrary to Public Policy

Describe the child welfare policy, procedure, or practice you are concerned about:

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| Is this concern related to a specific case? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, provide name or child identifying information: | Case or Referral ID (CWS): |
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| Type of Case: <input type="checkbox"/> ER <input type="checkbox"/> FM <input type="checkbox"/> FR <input type="checkbox"/> PP <input type="checkbox"/> ST | Case Open? <input type="checkbox"/> Yes <input type="checkbox"/> No | Child's Location: |
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| Is there immediate child safety involved? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, provide additional information: |
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| Have you reported this concern to the agency? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, list the parties notified: | Contact Information: |
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| Was any action taken? <input type="checkbox"/> Yes <input type="checkbox"/> No | If so, describe action taken: |
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ACKNOWLEDGEMENT

The above information is true to the best of my knowledge. I understand that unless I consent to disclosure, my identity will not be disclosed by the California Department of Social Services pursuant to Welfare & Institutions Code Section 10605.5 (a) (2) unless there is an immediate health and safety risk to a child.