

CHILD PROTECTION REFERRAL FORM

Student's Name:		School:	
Date of Birth:			
Parent's/Caregiver's Name(s):			
Address:			
Home phone:	Work:	Cell:	

To determine if there is an open CFS file – call ANCR at 204-944-4200

<input type="checkbox"/> New referral
Referral to: All Nations Coordinated Response Network (ANCR) phone: 204-944-4200 fax: 204-944-4250
Date and Time of Referral to CFS:
ANCR CFS Worker's Name:
Phone Number:

<input type="checkbox"/> Open File	
Date and Time of Referral:	
Child Welfare Agency:	
CFS Worker's Name:	
Phone:	Fax:

For child abuse disclosures/concerns
Date and time of disclosure:
Nature of Concern: <input type="checkbox"/> Physical <input type="checkbox"/> Sexual <input type="checkbox"/> Social/Emotional
Name of alleged abuser and relationship to child/youth:
Description of Injury: (include location on body, size, shape, colour)
Description of Incident: (include direct quotes from child/youth)

For other child welfare concerns
Description of concern:
Other comments or notes:

What specific follow-up actions did the child welfare agency indicate they would be taking?

Name of Person Making Report:
Job Title:
Has principal been made aware of referral? Yes <input type="checkbox"/> No <input type="checkbox"/>
Date faxed to CFS:

Signature: _____ Date: _____

Instructions:

- Send original form via inter-office mail to:
Assistant Superintendent of Student Services
Pembina Trails School Division, 181 Henlow Bay, Winnipeg, MB R3Y 1M7
- No photocopies to be made.