

**Reporting Suspected Child Abuse or Neglect****INSTRUCTIONS FOR FIA-3200 on PAGE 2 of this RULE**

General Information: This form is to be completed as the written follow-up to the oral report required in the Sec. 3. (1) Act No. 238, P.A. of 1975, as amended and mailed to the local county Family Independence Agency. Referring person is to fill out as completely as possible items 1-20. Only medical personnel may complete items 21-29.

1. Date – Enter the date the form is being completed.
2. List child(ren) suspected of being abused or neglected – Enter available information for the child(ren) believed to be abused or neglected.
3. Father’s name – Enter father’s name (or father substitute) and other available information.
4. Mother’s name – Enter mother’s name (or mother substitute) and other available information.
5. Name of alleged perpetrator of abuse or neglect – Indicate person(s) suspected or presumed to be responsible for the alleged abuse or neglect.
6. Relationship to child(ren) – Indicate the relationship to the child(ren) of the alleged perpetrator of neglect or abuses, i.e. parent, grandparent, babysitter.
7. Child(ren’s) address – Enter the address of the child(ren).
8. City – Self explanatory.
9. County – Self explanatory.
10. Phone – Enter phone number of the household where child(ren) resides.
11. Person(s) child(ren) living with when abuse/neglect occurred – Enter name(s).
12. Address where abuse/neglect occurred – Self explanatory.
13. Describe injury or conditions and reason of suspicion of abuse or neglect – Indicate the basis for making a report and the information available about the abuse or neglect.
14. Source of referral – Check appropriate box noting professional group or appropriate category.  
**Note:** If abuse or neglect is suspected in a hospital, check hospital.  
**FIA Facility** – Refers to any group home, shelter home, halfway house or institution operated by the Family Independence Agency.  
**DCH** – Refers to any institution or facility operated by the Department of Community Health.
15. Referring person’s name – Enter your name if you are referring or reporting this matter.
16. Name of referring organization – Enter the name of the agency or organization, if appropriate.
17. Address – Self explanatory.
18. City – Self explanatory.
19. State – Self explanatory.
20. Phone number – Self explanatory.

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Rule 5142.2 CS/FF is Form FIA-3200 which I obtain from Pat Johnson in Catholic Social Services. The most recent revision is 4-96. These forms are from DSS of the State of Michigan. You will find the actual forms in the school file in my office.

Rule

Revised: February 12, 1998

Updated: February 2002

DIOCESE OF MARQUETTE  
Marquette, Michigan