

SOCIAL WORKER DISCLOSURE REPORT

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

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

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:

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.