



The Louisiana Department of Children and Family Services Online Report Site is designed to provide our Mandated Reporters the ability to report non emergent information related to alleged child abuse and/or neglect.

Failure to provide complete information related to the situation and circumstance you are reporting may delay a response in assessing the safety and wellbeing of the child/children.

***** If this is an urgent matter or involves a child fatality-- please call 1-855-452-5437 immediately. *****

***** If this is a substance exposed newborn case – please call 1-855-452-5437 immediately. *****

The Mandated Reporter training is available to all mandated reporters and is housed in the Louisiana Child Welfare Training Academy's eLearning system. Login or create an account at <https://moodle.lcwta.org/login/index.php>. If you have any questions, please email support@lcwta.org.

Reporting Concerns for Child Victims

** Indicates REQUIRED information. Enter N/A for unknown information.*

REPORTER INFORMATION

This information is required for professionally mandated reporters per the Louisiana Department of Children and Family Services and the Louisiana Children's Code Article 610.

Your Last Name: _____ Your First Name: _____ Your Middle Name: _____

Primary Contact Number (include phone type): (_____) _____

Do you consent to be contacted if additional information is needed? _____

Please note if we cannot contact you and/or the information is incomplete, this may prohibit us from fully assessing the circumstances of the family and may result in the report being non-accepted.

Additional Contact Number (include phone type): (_____) _____

Address: _____

City: _____ Zip Code: _____ Parish: _____ State: _____

(If reporting as a professional)

Your Agency: _____

Your Job Title: _____

Your Email: _____

VICTIM LOCATION INFORMATION

Home Address: * _____

City: * _____ Zip Code: * _____ Parish: * _____ State: * _____

Home/Work/Cell Telephone Numbers of any person in the report (please specify whom the number belongs to):



INFORMATION ON CHILDREN

In this section please list all known victims as well as other non-victim children residing in the home. Also, indicate if the child is a Foster Child.

NO	First Name	Last Name	DOB/AGE*	Sex M/F	Race	SSN	Is this person a Victim? Yes/No	Is this Person a Foster Child? Yes/No
1								
2								
3								
4								
5								
6								
7								

INFORMATION ON ADULTS

In this section please list all alleged perpetrators as well as other adults residing in the home.

No	First Name	Last Name	DOB/Age	Sex M/F	Race	Relationship to Victim
1						
2						
3						
4						
5						
6						
7						

OTHER INDIVIDUALS

Please list other individuals who might be aware of the abuse, abandonment, neglect, or exploitation of the victim.

No	First Name	Last Name	Relationship to Victim	Address	Home Phone	Work Phone
1						
2						
3						
4						
5						
6						



ADDITIONAL FAMILY DYNAMIC INFORMATION (If known)

If known, please provide any information that describes normal day to day behaviors and activities of the victim and alleged perpetrator, including domestic violence, substance abuse, mental health of any person identified as residing in the home. Also, how would you describe the typical interactions between the children and adults?

Can you describe normal disciplinary practices in the home?

DISABILITIES

Please identify if any child or adult listed has any disabilities, limited English proficiencies and/or if interpreter services are needed.
