

**COMMONWEALTH OF VIRGINIA**

**DEPARTMENT OF EDUCATION**

**PRIVATE SCHOOLS FOR STUDENTS WITH DISABILITIES**

P. O. Box 2120

Richmond, Virginia 23218-2120

Fax Number: 804-371-8796

**NOTICE OF A COMPLAINT FILED WITH CHILD PROTECTIVE SERVICES (CPS)**

**Effective July 1, 2012, mandated reporters are required to report as soon as possible, but no later than 24 hours after having a suspicion of a reportable offense. The toll-free child abuse and neglect hotline is 1-800-552-7096. This notice must be completed and submitted to the Virginia Department of Education in the types of situations described below. *(8VAC20-671-690)***

**CURRENT SCHOOL INFORMATION**

Name of School:       Name of person filing this notice:

Physical Address:       Phone number of notice filer:

Telephone Number:       Fax Number of notice filer:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SCHOOL REPORTED COMPLAINTS**

1. [ ]  The school has made a CPS complaint regarding an incident that occurred in the school setting or during school-sponsored activities by student(s) or school staff.

 Attach the schools reporting form to include the following information:

1. The date and time the suspected abuse or neglect occurred.
2. A description of the suspected abuse or neglect.
3. Action taken as a result of the suspected abuse or neglect.
4. The name of the person who made the report to CPS.
5. The name of the person to whom the report was made at the local CPS unit.
6. [ ]  Virginia Department of Social Services contacts the school regarding an alleged incident that occurred in the school setting or during school-sponsored activities.

When was the school informed by a CPS worker that a complaint had been filed?

1. Name of the locality conducting the investigation.
2. Name of CPS worker assigned to the case:       Telephone Number
3. List of students (name and age) named in the allegation.
4. Name of the alleged perpetrator(s). Identify if this is a staff member or student.
5. Nature of the allegation (attach additional information need).

**Notifications:**

1. [ ]  Parents or legal guardians: Date:       Time:
2. [ ]  Placing agency: Date:       Time:
3. [ ]  Virginia Department of Education Date:       Time:
4. [ ]  Police /Sherriff (if warranted) Date:       Time:
5. [ ]  Other: \_     \_\_\_\_\_\_\_\_ Date:       Time:

**Submit to the department a copy of the internal investigation and CPS findings.**

##### **Submitted By:**

Name of Authorized School Official:       Title:

Signature of Authorized School Official:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

**For Official Use Only**

Received by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of VDOE Specialist:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Site Visit (if required)\_\_\_\_\_\_\_ Date of Internal Investigation by the school:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of CPS initial investigation:\_\_\_\_ Finding:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notes

**Resource Links**

* **Virginia Department of Education - Superintendent’s Memo #182-12 (July 27, 2012).**

<http://www.doe.virginia.gov/administrators/superintendents_memos/2012/182-12.shtml>

* **Virginia Department of Social Services: Child Protective Services Unit Information**

<http://www.dss.virginia.gov/family/cps/index2.cgi>

* **Mandated Reporters:** Includes, but is not limited to: teachers or other persons employed in a public or private school, mental health professionals, counselors and nurses.
* **A Guide for Mandated Reporters in Recognizing and Reporting Child Abuse**

<http://www.dss.virginia.gov/files/division/dfs/cps/intro_page/mandated_reporters/resources_guidance/A_Guide_to_Mandated_Reporters.pdf>