



**PECHANGA BAND OF INDIANS
CHILD & FAMILY SERVICES**

P.O. BOX 1477
TEMECULA, CA 92592
Phone: (951) 770-6000

PECHANGA INDIAN RESERVATION
Email: pcfs@pechanga-nsn.gov

<p>_____ <i>(Name of Reporter) *required</i></p> <p>_____ <i>(Job Title)</i></p> <p>_____ <i>(Department)</i></p>	<p>MANDATED REPORTER FORM (Suspected Child Abuse Report)</p> <p>Report No: _____ <i>(To be filled out by PCFS Staff)</i></p>
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DUTY TO REPORT SUSPECTED CHILD ABUSE AND NEGLECT:

- Mandated Reporters who have reasonable cause to suspect that a child has been abused, neglected, abandoned or is otherwise in need of care shall immediately report the abuse, neglect or abandonment on this Mandated Reporter Form and submit the completed form to Pechanga Child and Family Services. Mandated Reporters may choose to remain anonymous. *Pechanga Family Code, Title I, Section 7(A)*. **If this is an emergency, contact the Pechanga Tribal Rangers at (951) 770-6196.**

IMMUNITY:

- All persons or agencies reporting, in good faith, known or suspected instances of abuse or neglect shall be immune from civil liability and criminal prosecution for such good faith reporting. *Pechanga Family Code, Title I, Section 7(C)*

PENALTY FOR NOT REPORTING:

- Mandated Reporters who knowingly fail to report any case of known or suspected abuse or neglect, or willfully prevent someone else from doing so may be subject to immediate removal/termination from their position and/or such other penalties including:
 - a) A fine of up to \$500.00; and
 - b) Any damages as may be allowed under Tribal Law, including proceedings in the form of private civil action in Pechanga Tribal Court. *Pechanga Family Code, Title I, Section 7(D)*

INFORMATION TO REPORT:

1. Is this report about SUSPECTED KNOWN *(check one)* CHILD ABUSE and/or NEGLECT? *(check one or both)*
2. Type of suspected/witnessed abuse *(check all that apply below)*:
 Physical Mental Sexual Neglect Abandonment Other *(specify):*.
3. Did you witness any incident of Child Abuse or Neglect? YES NO *(check one)*
 - If YES, then please write the date and approximation of the time when you witnessed the incident of Child Abuse or Neglect:
Date: Time:.
4. What is the nature of the relationship between the child(ren) and the alleged wrongdoer? I DON'T KNOW *(specify)*
5. Have you contacted any Tribal or non-Tribal agency about the suspected/known Child Abuse/Neglect? YES NO *(check one)*.

- If **YES**, then write the Name of Agency: _____ the person contacted: _____
Date: _____ Time: _____

6. Do you have any photographs or other materials to help your report that you are willing to share with PCFS?

YES **NO** (check one)

- If **YES**, then specify:

INFORMATION ABOUT THE MINOR CHILD(REN) INVOLVED:

1. Please write the following information of the child(ren) involved in the incident:

Name of Child	DOB (mm/dd/yyyy)	Tribal Affiliation (if known)	Child's Last Known Location

2. Is/Are any of the child(ren) Physically and/or Developmentally Disabled? **YES** **NO** **I DON'T KNOW** (check one)

- If **YES**, write the name of child, type of disability, and name of disability:

Name of Child	Physically and/or Developmentally Disability	Name(s) of Known Disability(ies)

3. Is/Are the child(ren) currently in foster care? **YES** **NO** **I DON'T KNOW** (check one)

4. Is/Are the child(ren) under the care of a relative other than biological parent(s)? **YES** **NO** **I DON'T KNOW** (check one)

INFORMATION ABOUT THE INVOLVED PARTIES IN SAME HOUSEHOLD:

1. Does/Do the child(ren) involved live with any siblings that are NOT involved in the incident? **YES** **NO** **I DON'T KNOW** (check one).

2. If **YES**, list name, DOB of siblings, and if they are enrolled/eligible for enrollment in the Pechanga Band:

Sibling Name	DOB (mm/dd/yyyy)	Enrolled/Eligible in Pechanga? YES or NO or Name of Tribal Affiliation

3. Write the name(s) and information of the child's/children's known Parent(s)/Guardians(s):

Name of Parent/Guardian	Address (address, street, city, state, zip)	Enrolled/Eligible in Pechanga? YES or NO	Phone Number (area code) ###-####

INCIDENT INFORMATION:

1. Provide a brief description of what the Mandated Reporter observed/witnessed or suspects occurred involving the child and Parent(s)/Guardian(s). *If you have separate documentation of the incident then attach the documents to this report and write **SEE ATTACHED.***

CERTIFICATION OF REPORT:

I, the undersigned, certify that I have read the foregoing questions and I have answered them truthfully to the best of my knowledge.

Dated:

*(Printed Full Name of Mandated Reporter)*required*

*(Signature of Mandated Reporter)*required*

***THE MANDATED REPORTER'S NAME AND IDENTITY WILL NOT BE SHARED WITH ANYONE OUTSIDE OF PCFS UNLESS THE MANDATED REPORTER GIVES EXPRESS APPROVAL TO DO SO. PCFS REQUESTS THE MANDATED REPORTER'S NAME IN CASE THE AGENCY HAS FOLLOW UP QUESTIONS.**