



## [Georgia Child Protective Services Mandated Reporter Form](#)

A report can be made by calling **1-855-422-4453**, 24 hours a day, 7 days a week, 365 days per year. A Case Manager will respond to your call quickly and gather necessary information needed to assess the child's safety.

**Mandated Reporters also have three additional CPS reporting options. Please use only one CPS reporting option per family:**

**Option One:** Complete your report on the CPS mandated reporter website at: <https://cps.dhs.ga.gov>. If you are using this option and received an autoreply from the website, please do not use other reporting options. We will process the report based on what you have provided or call you at the number you have on your report if we need additional information. Before you can register on the mandated reporter website, you must take a short, free online mandated reporter training offered by Pro Solutions training at: <https://www.prosolutionstraining.com>

**Option Two:** E-mail the report to [cpsintake@dhs.ga.gov](mailto:cpsintake@dhs.ga.gov). You will receive an autoreply stating that the CPS report has been received. You will receive a return phone call within 2 hours if additional information is needed. Once the report is entered and stage progressed in SHINES, you will receive a mandated reporter letter via email. The mandated reporter letter is emailed to the email address you registered on the CPS website with. The return phone call satisfies the legal requirement to speak with a DHS employee. Please include on the report a number where you can be reached.

**Option Three:** Fax to **229-317-9663**. Once the report is entered and stage progressed in SHINES, you will receive a mandated reporter letter via email. The mandated reporter letter is emailed to the email address you have on your fax. You will receive a return phone call within 2 hours if additional information is needed. This return phone call satisfies the legal requirement to speak with a DHS employee. Please include on the report a number where you can be reached and your email address. To request a PDF version of the CPS form or mandated reporter letter, please contact [customer\\_services\\_dfcs@dhs.ga.gov](mailto:customer_services_dfcs@dhs.ga.gov)

*Please note that you may be called for additional information regarding this report.*

**All reporters have the ability to make an anonymous report. Your information will be kept confidential and will not be shared. If court action is initiated, the case record may be subpoenaed as a result of court proceedings and the reporter cannot be assured confidentiality will be fully protected. It may be necessary for you to appear in court to protect the child. All reporters are immune from liability when the report is made in good faith.**

**DATE:** Click here to enter text.

**Time:** Click here to enter text. **County where child resides:** Click here to enter text.

**Location of child at time of report:** Click here to enter text.

**Reporter's Name, Title, Telephone, & e-mail address:** Click here to enter text.

**Reporter's Organization and Organization address:** Click here to enter text.

**Primary Caretaker of Child:** Click here to enter text.

**Address of Primary Caretaker:** Click here to enter text.

**Reporter's relationship to Child:** Click here to enter text.

**Additional person (and contact information) who can be contacted if you, the reporter, are not available and additional information is needed:** Click here to enter text.

*If you are the designated reporter for your agency (i.e. school counselor, law enforcement dispatch...), please indicate the primary staff-person in your organization who has firsthand knowledge of the suspected child maltreatment and/or knows the child and family. DFCS's ability to speak directly with those having firsthand knowledge of the suspected child maltreatment and/or knows the child and family is critical for assessment of short- and long-term safety and well-being of the alleged victim child.*

**Name, Contact Information and Best Time to Reach Staff-person with firsthand knowledge of child/family:** Click here to enter text.

**Family Name/Who has custody of child(ren):** Click here to enter text.

**Mother's Name:** Click here to enter text. **RACE:** Click here to enter text. **DOB:** Click here to enter text.  
**SSN:** Click here to enter text. **Alleged Maltreater:** Click here to enter text.

**Mother's Residence:** Click here to enter text.

**Mother's Employment:** Click here to enter text.

**Mother's Telephone Number:** Click here to enter text. **Marital Status:** Click here to enter text.

**Father's Name:** Click here to enter text. **RACE:** Click here to enter text. **DOB:** Click here to enter text.  
**SSN:** Click here to enter text. **Alleged Maltreater:** Click here to enter text.

**Father's Residence:** Click here to enter text.

**Father's Employment:** Click here to enter text.

**Father's Telephone Number:** Click here to enter text. **Marital Status:** Click here to enter text.

**Language:** Click here to enter text. **ALT Contact Info:** Click here to enter text.

If a school reporter, please indicate all Emergency Contact information on file with the school and date this information was obtained from family: Click here to enter text.

CHILDREN

| Child's Name | Victim | Sex | Race | DOB | SSN | Grade Level |
|--------------|--------|-----|------|-----|-----|-------------|
|              |        |     |      |     |     |             |
|              |        |     |      |     |     |             |
|              |        |     |      |     |     |             |
|              |        |     |      |     |     |             |
|              |        |     |      |     |     |             |
|              |        |     |      |     |     |             |

OTHER HOUSEHOLD MEMBERS:

| Name | Relationship to Primary Caretaker | Language | Marital Status | Race | DOB | SSN | Maltreator |
|------|-----------------------------------|----------|----------------|------|-----|-----|------------|
|      |                                   |          |                |      |     |     |            |
|      |                                   |          |                |      |     |     |            |
|      |                                   |          |                |      |     |     |            |
|      |                                   |          |                |      |     |     |            |
|      |                                   |          |                |      |     |     |            |
|      |                                   |          |                |      |     |     |            |

OTHER ADULTS OF SIGNIFICANCE NOT RESIDING IN HOME:

| Name | DOB | SSN | Relationship to Primary Caretaker | Language | Marital Status | Race | Address/Phone number | Maltreator |
|------|-----|-----|-----------------------------------|----------|----------------|------|----------------------|------------|
|      |     |     |                                   |          |                |      |                      |            |
|      |     |     |                                   |          |                |      |                      |            |
|      |     |     |                                   |          |                |      |                      |            |
|      |     |     |                                   |          |                |      |                      |            |
|      |     |     |                                   |          |                |      |                      |            |
|      |     |     |                                   |          |                |      |                      |            |

**Would you like to be notified if an investigation is completed and whether abuse is substantiated or unsubstantiated? Please indicate Yes \_\_\_\_\_ or No \_\_\_\_\_**

**Is the either parent/guardian active military?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**Location/Station (if yes):** [Click here to enter text.](#)

**Does the child and/or parent/primary caregiver have, or is believed to have, American Indian heritage?**

\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Unknown

**Tribe Information (if yes):** [Click here to enter text.](#)

**To your knowledge, has anyone in the home either recently or currently been ill or running a fever?**

\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Unknown

**The following information is critical to ensuring that we respond appropriately to this report of suspected child maltreatment. The importance of you supplying as much and as detailed information as possible for each of these areas cannot be stressed enough. (The sections will expand to accommodate as much information as you enter.) Please provide the following information in the Narrative section below:**

**Please tell how the maltreater neglected or abused the child.** [Click here to enter text.](#)

**How has the neglect or abuse harmed/affected the child?** [Click here to enter text.](#)

**How do you know this information?** [Click here to enter text.](#)

**When did this abuse or neglect last occur?** [Click here to enter text.](#)

**Is this likely to occur again?** [Click here to enter text.](#)

**Is this child in any danger now?** [Click here to enter text.](#)

**Does the maltreater have access to this child now?** [Click here to enter text.](#)

**Where is the child at this time?** [Click here to enter text.](#)

**Family supports, worker safety concerns, or other comments:** [Click here to enter text.](#)