



**STATE OF GEORGIA**  
**Division of Family and Children Services**

**Brian P. Kemp**  
Governor

**Tom C. Rawlings**  
Interim Director

**[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/Main/Default.aspx>. 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/content/?id=41/Mandated\\_Reporters\\_Georgia/](https://www.prosolutionstraining.com/content/?id=41/Mandated_Reporters_Georgia/)

**Option Two:** E-mail the report to [cpsintake@dhs.ga.gov](mailto:cpsintake@dhs.ga.gov). You will receive an auto-reply 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.*

**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.](#)

**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.](#)

**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

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

The following information is critical to ensuring that we respond appropriately to this report of suspected child maltreatment. The importance of your 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.)

**What happened and who is involved?** [Click here to enter text.](#)

**Describe your observations (description should include details about injury/incident, environment, home conditions, severity, etc.).** [Click here to enter text.](#)

**When and where did the incident occur (include current location of the child(ren))?**  
[Click here to enter text.](#)

**What was going on before, during, and after the specific incident/circumstances/alleged maltreatment you are concerned about? (Any change in patterns that could affect the child’s safety?) (Do they have a safe routine?)** [Click here to enter text.](#)

**Can you describe the parent’s ability to protect/provide for the child and the child’s ability to protect/provide for themselves? (e.g. does either the parent or child have any developmental delays, special needs, malnourished? What’s the child’s maturity level? Does any caregiver have the ability to protect the child? Please provide examples).** [Click here to enter text.](#)

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

**Additional Comments:**