DCF-737
05/2013 (Rev.)

State of Connecticut
Department of Children and Families

NOTIFICATION TO STATE OR LOCAL POLICE OF SUSPECTED CHILD SEXUAL ABUSE, SEVERE PHYSICAL ABUSE OR SEVERE NEGLECT

DCF CASE NAME		**DATE**	
CHILD'S NAME		**DATE OF BIRTH**	
ADDRESS		**SCHOOL/DAYCARE**	
NAME OF MOTHER		**NAME OF FATHER**	
ADDRESS		**ADDRESS**	
HOME TELEPHONE NUMBER	**WORK TELEPHONE NUMBER**	**HOME TELEPHONE NUMBER**	**WORK TELEPHONE NUMBER**
OTHER CHILDREN	**NAME**		**DATE OF BIRTH**
	NAME		**DATE OF BIRTH**
	NAME		**DATE OF BIRTH**
ALLEGED PERPETRATOR		**RELATIONSHIP TO CHILD**	
ADDRESS		**TELEPHONE NUMBER**	
DATE(S) INCIDENTS OCCURRED		**PLACE OF INCIDENT(S)**	
DATE DCF REPORTED INCIDENT BY PHONE TO POLICE DEPARTMENT	**TIME**	**ORAL REPORT GIVEN TO**	**POLICE DEPARTMENT**
INCIDENT:			
ACTION TAKEN BY DCF:			
THE COMMISSIONER OF THE DEPARTMENT OF CHILDREN AND FAMILIES HAS:	**COMMITMENT** ☐ _____/_____/_____	**TEMPORARY CUSTODY** ☐ _____/_____/_____	
SOCIAL WORKER		**SOCIAL WORK SUPERVISOR**	
DCF AREA OFFICE ADDRESS		**TELEPHONE NUMBER**	

FAX THIS INFORMATION TO POLICE DEPARTMENT WITHIN 24 HOURS OF ORAL REPORT