

Connecticut Department of Children and Families
**NOTIFICATION TO STATE OR LOCAL POLICE OF SUSPECTED CHILD SEXUAL ABUSE, SEVERE
 PHYSICAL ABUSE OR SEVERE NEGLECT**

DCF-737
 4/19 (Rev.)



DCF Case LAST Name		DCF Case FIRST Name		Case ID: (if applicable)	Person ID: (if applicable)	Date:
Child LAST Name		Child FIRST Name		DOB:	Gender:	
Address (No. and Street)			Apt. #:	City:	State:	Zip:
PARENT #1 INFORMATION				PARENT #2 INFORMATION		
LAST Name:		FIRST Name:		LAST Name:		FIRST Name:
Address (if different from above):				Address (if different from above):		
Home Phone:	Cell Phone:	Work Phone:		Home Phone:	Cell Phone:	Work Phone:
OTHER CHILDREN						
Child #1 LAST Name:	FIRST Name:	DOB:		Child #2 LAST Name:	FIRST Name:	DOB:
Child #3 LAST Name:	FIRST Name:	DOB:		Child #4 LAST Name:	FIRST Name:	DOB:
ALLEGED PERPETRATOR						
Alleged Perpetrator LAST Name		Alleged Perpetrator FIRST Name		Relationship to child:		Phone:
Address (No. and Street)			Apt. #:	City:	State:	Zip:
Date(s) incident(s) occurred:	Time of incident(s):	Place/location of Incident(s):				
Date DCF reported incident to police (by phone):	Time DCF reported incident to police:	Oral report given to:		Police Department:		
Incident:						
Action taken by DCF:						
The Commissioner of DCF has:	<input type="checkbox"/> No legal status	<input type="checkbox"/> Commitment as of <i>Enter Date:</i>			<input type="checkbox"/> Temporary Custody: <i>Enter Date:</i>	
SW LAST Name:		SW FIRST Name:		SW E-mail:		SW Phone:
SWS LAST Name:		SWS FIRST Name:		SWS E-mail:		SWS Phone:
DCF Office:						
SUBMIT THIS INFORMATION TO POLICE DEPARTMENT WITHIN 24-HOURS OF RECEIVING THE ORAL REPORT						