



DEPARTMENT OF CHILDREN'S SERVICES (DCS) REFERRAL
To Document Telephonic Referrals
24-hour access Central Intake No. 1-855-209-4226

Date: _____ Time: _____

DCS Person spoken to: _____

Person making referral: _____

Administrator/Counselor Witness: _____

Student Name: _____

Age: _____ Grade: _____

Parent/Guardian Name: _____

Address: _____

Phone Number: _____

Concern Reported: _____

Follow-up: _____

Associated Document:

[HUM-G001](#) Employee Guidelines Reporting Suspected Child Abuse and Accommodating DCS Investigations