

Date:			
Name of Student:			
School:		Grade:	
Date of Birth:	Day	Month	Year
Parent(s)/Guardian(s):			
Address (in full):			
Home Phone:			
Work Phone:			
Cell Phone:			

**Call the All Nations Coordinated Response Network at: 204.944.4200.
Unless child has an assigned CFS worker, then call directly.**

New referral

All Nations Coordinated Response Network (ANCR)
Phone: 204.944.4200 Fax: 204.944.4250

Date and Time of Referral: _____

ANCR CFS Worker's Name: _____ Phone: _____

Open File

Date and Time of Referral to CFS: _____

Child Welfare Agency: _____

CFS Worker's Name: _____

Phone: _____ Fax: _____

FOR CHILD ABUSE DISCLOSURES/CONCERNS

Date and time of disclosure:

Nature of Concern: Physical Sexual Social/Emotional

Name of alleged abuser and relationship to child/youth:

Description of Injury: (include location on body, size, shape, colour)

Description of Incident: (include direct quotes from youth/child, if required add additional pages)

FOR OTHER CHILD WELFARE CONCERNS

Description of concern:

What specific follow-up actions did the child welfare agency indicate they would be taking?

Name of person making report: _____

Job title: _____

Has principal been made aware of referral?: Yes No (Recommended but not required)

Date faxed to CFS: _____ Date call completed: _____

Signature	Date

Instructions: **Fax this original copy to CFS.**
 Send original form via inter-office mail to:
 Assistant Superintendent, Curriculum & Learning Services Department
 Pembina Trails School Division, 181 Henlow Bay,
 Winnipeg, MB R3Y 1M7

No photocopies to be made.