



STATE OF GEORGIA
Division of Family and Children Services

Nathan Deal
Governor

Bobby D. Cagle
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 phone agent will respond to your call quickly and gather necessary information that an intake specialist will need to assess the child's safety.

Mandated Reporters also have the choice of three options for submitting this completed form electronically.

Option One: Complete your report on the mandated reporter website at: <https://cps.dhs.ga.gov/Main/Default.aspx>. Before you can register on the mandated reporter website, you must take a short, free online mandated reporter training offered by ProSolutions training at: https://www.prosolutionstraining.com/content/?id=41/Mandated_Reporters_Georgia/

Option Two: E-mail to cpsintake@dhs.ga.gov. You will receive an auto-reply stating that the CPS report has been received. You will also receive a return phone call within 2 hours to acknowledge your report and collect any additional information 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. To request a PDF version of the form, please contact customer_services_dfcs@dhs.ga.gov

Option Three: Fax to **229-317-9663**. You will receive confirmation receipt and a return phone call within 2 hours to acknowledge your report and collect any additional information 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. To request a PDF version of the form, please contact customer_services_dfcs@dhs.ga.gov

Please note that you may be called for additional information regarding this report.

DATE:

Time: **County where child resides:**

Location of child at time of report:

Reporter's Name, Title, Telephone, & e-mail address:

Reporter's Organization and Organization address:

Primary Caretaker of Child:

Address of Primary Caretaker:

Reporter's relationship to Child:

Additional person (and contact information) who can be contacted if you, the reporter, are not available and additional information is needed:

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:

Family Name/Who has custody of child(ren):

Mother's Name: **RACE:** **DOB:** **SSN:**

Mother's Residence:

Mother's Employment:

Mother's Telephone Number: **Marital Status:**

Father's Name: **RACE:** **DOB:** **SSN:**

Father's Residence:

Father's Employment:

Father's Telephone Number: **Marital Status:**



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Language: [Click to enter text.](#) **ALT Contact Info:** [Click 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 to enter text.](#)

CHILDREN

Child's Name	Victim	Sex	Race	DOB	SSN	Grade Level
Click to enter text.						
Click to enter text.						
Click to enter text.						
Click to enter text.						
Click to enter text.						
Click to enter text.						

OTHER HOUSEHOLD MEMBERS:

Name	RELATIONSHIP To Primary Caretaker	LANGUAGE	MARITAL STATUS	Race	DOB	SSN
Click to enter text.						
Click to enter text.						
Click to enter text.						
Click to enter text.						
Click to enter text.						
Click to enter text.						

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 to enter text.](#)

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

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



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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 to enter text.](#)

Can you describe the caregiver'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 to enter text.](#)

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