REPORTING OF ABUSE OR DELIBERATE NEGLECT OF CHILD
(Regulation 33)
[SECTION 110 OF THE CHILDREN'S ACT 38 OF 2005]

REPORTING OF ABUSE TO PROVINCIAL DEPARTMENT OF SOCIAL DEVELOPMENT, DESIGNATED CHILD PROTECTION ORGANISATION OR POLICE OFFICIAL

NOTE: A SEPARATE FORM MUST BE COMPLETED FOR EACH CHILD

TO: The Head of the Department

Pursuant to section 110 of the Children's Act, 2005, and for purposes of section 114(1)(*a*) of the Act, you are hereby advised that a child has been abused in a manner causing physical injury/ sexually abused/ deliberately neglected or is in need of care and protection.

Source of report (do not identify person) ☐ **Victim** ☐ **Relative** ☐ **Parent**

☐ **Neighbour** ☐ **friend** ☐ **Professional (specify) .....**

☐ **Other (specify) .....**

Date Reported to child protection organisation:	**DD**	**MM**	**CCYY**

1. INFORMANT: (DETAILS OF PERSON WHO REPORTS ALLEGED ABUSE)

Surname			**Full name(s)**			
Gender:	**M**	**F**	**Date of Birth:**	**DD**	**MM**	**CCYY**
Age / Estimated Age:			**Relationship to Child:**			
*** ID no:**			*** Passport no:**			
Contact no:						

2. CHILD: (COMPLETE PER CHILD)

Surname			**Full name(s)**			
Gender:	**M**	**F**	**Date of Birth:**	**DD**	**MM**	**CCYY**
School Name:			**Grade:**		**Age / Estimated Age:**	
*** ID no:**			*** Passport no:**			
Contact no:						

3. CATEGORY OF CHILD IN NEED OF CARE AND PROTECTION

☐ **Child abuse** ☐ **Child labour** ☐ **Child trafficking** ☐ **Street child**

☐ **Commercial sexual exploitation** ☐ **Exploited children** ☐ **Child abduction**

4. OTHER INTERVENTION – CONTACT PERSON TRUSTED BY CHILD	
Surname:	**Name:**
Physical address:	**Telephone number:**
Other children interviewed: ☐ **Yes** ☐ **No** **Number :**	

5. CAREGIVER INFORMATION (If not same as trusted person or parent(s) of child)	
Surname:	**Name:**
Physical Address:	**Postal address**
Relationship to child:	
Telephone number:	**Mobile:**

6. ALLEGED ABUSER						
5.1) Surname				**Full Name(s)**		
Date of Birth:	**DD**	**MM**	**CCYY**	**Gender:**	**M**	**F**
ID No:				**Age:**		
*** Passport No:**				*** Drivers license number:**		
Also known as:				**Relationship to child:** ☐**Father** ☐**Mother** ☐**Grandfather** ☐**Grandmother** ☐**Step father** ☐**Step mother** ☐**Foster father** ☐**Aunt** ☐**Uncle** ☐**Foster mother** ☐ **Sibling** ☐ **Caregiver** ☐ **Professional: social worker/police officer/teacher/caregiver/priest/dr/ volunteer** ☐ **Other (specify)Other (specify)**		
Street Address (include postal code): **Postal Code:**						

5.2) WHEREABOUTS OF ALLEGED PERPETRATOR:

☐ **Section 153 (Request for removal by SAPS)** ☐ **Still in home**

☐ **In hospital (Name/Place.....)**

☐ **In detention (Name/Place.....)**

☐ **Living somewhere else (Address……)**

☐ **Whereabouts unknown** ☐ **Un-identified**

6. PARENTS OF CHILD (If other than above)						
Surname: Father / Step-father				**Full name(s)**		
Date of Birth:	**DD**	**MM**	**CCYY**	**Gender:**	**M**	**F**
ID number:				**Age:**		
Surname: Mother / Step-mother				**Full name(s)**		
Date of Birth:	**DD**	**MM**	**CCYY**	**Gender:**	**M**	**F**
ID number:				**Age:**		

Names and ages of siblings or other children if helpful for tracking

Surname	**Full names**	**Age/Date of birth**

Street Address (include postal code):	**Postal Code:**

7. ABUSE								
Date of Incident:			**If date unknown (mark with X here):**	**Episodic**		**Reported to CPR:**		
DD	**MM**	**CCYY**		**Yes**	**No**	**DD**	**MM**	**CCYY**

Place of incident: ☐ **Child's home** ☐ **Field** ☐ **Tavern** ☐ **School**

☐ **Friend's place** ☐ **After school centre** ☐ **ECD Centre** ☐ **Neighbour** ☐ **Private hostel**

☐ **Child and youth care centre** ☐ **Foster home** ☐ **Temporary safe care**

☐ **temporary respite care** ☐ **Other (specify)**

7.1) TYPE OF ABUSE (Tick only the one that indicates the key motive of intent)

Physical	**Emotional**	**Sexual**	**Deliberate neglect**

7.2) INDICATORS (Check any that apply)

PHYSICAL: ☐ **Abrasions** ☐ **Bruises** ☐ **Burns/Scalding** ☐ **Fractures**

☐ **Other physical illness** ☐ **Cuts** ☐ **Welts**

☐ **Repeated injuries** ☐ **Fatal injury (date of death)**

☐ **Injury to internal organs** ☐ **Head injuries** ☐ **No visible injuries (elaborate)**

☐ **Poisoning (specify)** ☐ **Other Behavioral or physical (specify)**

EMOTIONAL: ☐ **Withdrawal** ☐ **Depression** ☐ **Self destructive aggressive behaviour**

☐ **Corruption through exposure to illegal activities** ☐ **Deprivation of affection**

☐ **Exposure to anti-social activities** ☐ **Exposure to family violence**

☐ **Parent or care giver negative mental condition** ☐ **Inappropriate and continued criticism**

☐ **Humiliation** ☐ **Isolation** ☐ **Threats** ☐ **Development Delays** ☐ **Oppression**

☐ **Rejection** ☐ **Accusations** ☐ **Anxiety** ☐ **Lack of cognitive stimulation**

☐ **Mental, emotional or developmental condition requiring treatment (specify)**

SEXUAL: ☐ **Contact abuse** ☐ **Rape** ☐ **Sodomy**

☐ **Masturbation** ☐ **Oral sex area** ☐ **Molestation**

☐ **Non contact abuse (flashing, peeping)** ☐ **Irritation, pain, injury to genital**

☐ **Other indicators of sexual molestation or exploitation (specify)**

DELIBERATE NEGLECT: ☐ **Malnutrition** ☐ **Medical** ☐ **Physical** ☐ **Educational**

☐ **Refusal to assume parental responsibility** ☐ **Neglectful supervision** ☐ **Abandonment**

7.3) Indicate overall degree of risk to child:

☐ **Mild** ☐ **Moderate** ☐ **Severe** ☐ **Unknown**

7.4) Where applicable, tick the secondary type of abuse or multiple abuse: ☐ **Yes** ☐ **No**

Sexual	**Physical**	**Emotional**	**Deliberate Neglect**

Brief explanation of occurrence(s) (including a statement describing frequency and duration)

8. MEDICAL INTERVENTION (*)

Examined by:	**Treatment received:**	**Where (name of hospital, clinic, private doctor):**	**Hospitalised:**
☐ **Doctor**	☐ **Yes**		☐ **For assessment**
☐ **Reg. Nurse**	☐ **No**		☐ **For treatment**

			☐ As temporary safe care (place of safety)
Contact person:	**Contact person:**	**Contact person:**	**Contact person:**
Telephone No:	**Telephone No:**	**Telephone No:**	**Telephone No:**

9. CHILDREN'S COURT INTERVENTION (*)			
Removal of child to temporary safe care (Section 152): ☐ Yes ☐ No	**Date**		
	MM	**DD**	**CCYY**

10. SAPS: (ACTION RELATED TO ALLEGED ABUSER(S)) – (*)				
Reported to SAPS: ☐ Yes ☐ No	**Charges laid:** ☐ Yes ☐ No	**Date**		
		DD	**MM**	**CCYY**
CASE NR	**Police Station**		**Telephone Nr**	
Name of Police Officer	**Rank of Police Officer**			

11. CHILD KNOWN TO DESIGNATED CHILD PROTECTION ORGANISATION (DCPO)/ SOCIAL DEVELOPMENT (DSD)?		
11.1) Child known to DCPO/DSD ?: ☐ Yes ☐ No		
Name of DCPO/DSD Office:	**Contact number**	**Reference number**

12. DETAILS OF PERSON WHO REPORTS ALLEGED ABUSE (Refers to a professional or mandatory obliged to report child abuse in terms of Section 110(1))		
Surname:	**Name:**	**Name of employer:**
CAPACITY		
Employer Address	**Work Telephone Nr**	**Fax Number**
Email Address		

(*) = Complete if information is available or applicable

I declare that the particulars set out in the above mentioned statement are true and correct to the best of my knowledge.

Signature of informant: _____

Date: _____

Official Stamp