|  |  |  |
| --- | --- | --- |
| A white and black logo  Description automatically generated with low confidence | **INTAKE TO LAW ENFORCEMENT** | PPS 1003REV. July 2022 |

The Department for Children and Families (DCF) has received a report of abuse or neglect of a child which is being reported to your agency in accordance with K.S.A. 38-2210. DCF and law enforcement shall freely exchange information pursuant to K.S.A 2020 Supp. 38-2210. You are receiving information that identifies the reporter per K.S.A. 38-2210. Per K.S.A. 38-2212 and 38-2213 the reporter information is confidential and shall not be provided or further disclosed to the public, unless specifically allowed in K.S.A. 38-2212 and 38-2213.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Kansas Protection Report Center | Intake ID |   | Date: |   |
| **Incident** | Date of Report (MM/DD/YYYY) | Time Reported | Date Offense Started (MM/DD/YYYY) | Time Office Started |
|   |   |   |   |
| Location of Offense (Address, City, State Zip) |   |   | Reoccurring Offense |
|   |   |   |
| **Victim** | Type of Victim: Individual |   |   |   |   |
| Name (Last Name, First Name, MI) |   | School |
|   |   |   |   |
| Address (Address, City, State Zip) |   |   | Date of Birth (MM/DD/YYYY) |
|   |  |   |
| Known Location of Victim |   |   |   |   |
|   |   |   |   |   |
| Email Address |   | SSN | Employer |
|   |   |   |   |
| Phone Number | Race | Ethnicity | Sex | Age |
|   |   |   |   |   |
| **Insert more Victims as**  |
| **Suspect** | Name (Last Name, First Name, MI) |   | School |
|   |   |   |   |
| Relationship to Victim |   | Known Location  |  |   |
|   |   |  |  |   |
| Address (Address, City, State Zip) |   |   | Date of Birth (MM/DD/YYYY) |
|   |  |   |
| Email Address |   | SSN | Employer |
|   |   |   |   |
| Phone Number | Race | Ethnicity | Sex | Age |
|   |   |   |   |   |
| **Insert more Suspects as needed.** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Other Participant(s)** | Name (Last Name, First Name, MI) |   | School |
|   |   |   |   |
| Relationship to Victim |   | Known Location  |  |   |
|   |   |  |  |   |
| Address (Address, City, State Zip) |   |   | Date of Birth (MM/DD/YYYY) |
|   |  |   |
| Email Address |   | SSN | Employer |
|   |   |   |   |
| Phone Number | Race | Ethnicity | Sex | Age |
|   |   |   |   |   |
| **Insert more Other Participant(s) sections as needed.** |
| **Reporter** | Name (Last Name, First Name, MI) |   | School |
|   |   |   |   |
| Address (Address, City, State Zip) |   |   | Date of Birth (MM/DD/YYYY) |
|   |  |   |
| Relationship to Victim |   |   |   |   |
|   |   |   |   |   |
| Email Address |   | SSN | Employer |
|   |   |   |   |
| Phone Number | Race | Ethnicity | Sex | Age |
|   |   |   |   |   |
| **Narrative** | Detail reported by the Reporter…    |
|   |   |   |   |   |
| Associated Intake/Event ID Reports: |  |  |   |
|   |   |   |   |   |