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