



## 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:  |                            |  |
| <b>Incident</b>                        | 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        |  |
| <b>Victim</b>                          | 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                        |  |
| <b>Insert more Victims as</b>          |  |               |                                   |        |                            |  |
| <b>Suspect</b>                         | 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                        |  |
| <b>Insert more Suspects as needed.</b> |  |               |                                   |        |                            |  |
| <b>O</b>                               | 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                        |
| <b>Insert more Other Participant(s) sections as needed.</b> |                                     |                |           |        |                            |
| <b>Reporter</b>   | 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                        |
| <b>Narrative</b>  | Detail reported by the Reporter...  |                |           |        |                            |
|   | Associated Intake/Event ID Reports: |                |           |        |                            |