

Ramona Pizarro, Principal

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Home Instruction ACS Incident Report/Suspected Child Abuse Form

Date/Time of Occurrence: _____

Time Reported to Home Instruction Guidance Office: _____

Was NYPD contacted: ___ if yes, Precinct #: _____ NYPD Safety Division Control #: _____

Teacher's Name _____ Teacher's Cell #: _____ Home #: _____

Student's Name: _____ Parents' Cell #: _____

Student's D.O.B. _____ Grade: _____

OSIS #: _____ CSE Case (please circle): Yes No

What happened (if additional space needed): _____

Time Reported to the State Central Registry (SCR): _____

Name of person at SCR who took the case information: _____

State Registry Call ID Number: _____

State Central Registry 1-800-635-1522

Home Instruction (718) 794-7200 Ext. 1, Option 2 for the Guidance Department