

REVIEW OF MALTREATMENT FINDINGS

REQUESTOR

*Request Date:	*Requestor Phone #:
*Requestor Name:	*Requestor Email:
*Requestor Address:	

CASE INFORMATION

*Case ID:	*Intake/Investigation Number:	
*Case Name:	*Requestor's role in investigation:	
*Current Maltreatments and Findings at Initiation of Review:		
Maltreatment	Findings	Caregiver Responsible/ PRP

Outcome and Supporting Evidence or Additional Documentation

Document the outcome of the review and supporting evidence:

*Maltreatments/Findings at Completion of Review:		
Maltreatment	Findings	Caregiver Responsible/ PRP

Outcome

Date

* Review Completed	
* Staffed with Investigative Team	
* Requestor or Caregiver Responsible notified of outcome	
* Maltreatment findings updated in FSFN (if applicable)	
*Additional Notifications completed (as necessary)	
Law Enforcement	
State Attorney's Office	
Licensing Entity	
Other: _____	

*Person Conducting Review:
*Regional Point of Contact:
*Person Making Edit in System of Record:
*Date Edit Completed: