



**PECHANGA BAND OF INDIANS  
CHILD & FAMILY SERVICES**

P.O. BOX 1477  
TEMECULA, CA 92593  
Phone (951)770-6106 Fax (951) 693-5543

PECHANGA INDIAN RESERVATION  
Email pefs@pechanga-nsn.edu

\_\_\_\_\_  
(Name of Reporter) \*required

\_\_\_\_\_  
(Job Title)

\_\_\_\_\_  
(Department)

**MANDATED REPORTER FORM**  
(Suspected Child Abuse Report)

Report No: \_\_\_\_\_  
(To be filled out by PCFS Staff)

**DUTY TO REPORT SUSPECTED CHILD ABUSE AND NEGLECT:**

- Any Person who has a reasonable cause to suspect that a child has been abused, neglected, abandoned or is otherwise in need of care shall immediately report the abuse, neglect or abandonment on this Mandated Reporter Form and submit the completed form to Pechanga Child and Family Services. Those persons reporting may choose to remain anonymous, which means that no person shall release the name of a person making a report to non-essential personnel. *Pechanga Family Code, Title I, Section 7(A)*

**IMMUNITY:**

- All persons or agencies reporting, in good faith, known or suspected instances of abuse or neglect shall be immune from civil liability and criminal prosecution for such good faith reporting. *Pechanga Family Code, Title I, Section 7(C)*

**PENALTY FOR NOT REPORTING:**

- Those persons who fail to report any case of known or suspected abuse or neglect, or willfully prevent someone else from doing so may be subject to immediate removal/termination from their position and/or such other penalties including: a) A fine of up to \$500.00; and  
b) Any damages as may be allowed under Tribal Law, including proceedings in the form of private civil action in Pechanga Tribal Court. *Pechanga Family Code, Title I, Section 7(D)*

**INFORMATION TO REPORT:**

- Is this report about **SUSPECTED** **KNOWN** **CHILD ABUSE** and/or **NEGLECT**?
- If known, did you witness any incident of Child Abuse or Neglect? **YES** **NO**
  - If **YES**, then please write the date and approximation of the time when you witnessed the incident of Child Abuse or Neglect:  
Date: \_\_\_\_\_ Time: \_\_\_\_\_  
(mm/dd/yyyy) (approximation)

3. Has any Tribal or non-Tribal agency been contacted about the suspected/known Child Abuse/Neglect? **YES / NO** (*circle one*).
- If yes, then write the: Name of Agency: \_\_\_\_\_ and the person contacted: \_\_\_\_\_  
and Date: \_\_\_\_\_ Time: \_\_\_\_\_.  
*(mm/dd/yyyy) (approximation)*
4. Do you have any photographs or other materials to help substantiate your report? **YES NO**
- If **YES**, then specify: \_\_\_\_\_
5. Are you willing to produce the photographs/materials for a PCFS Social Worker? **YES NO**

**INFORMATION ABOUT THE MINOR CHILD(REN) INVOLVED:**

1. Please write the following information of the child(ren) involved in the incident:

Name of Child	DOB (mm/dd/yyyy)	Tribal Affiliation (if known)
1.		
2.		
3.		
4.		

2. Is the present location of the child(ren) known? **YES NO** . If **YES**, then write the name(s) of the child(ren) and the address(es) of the know location for the child(ren):

Name of Child	Address (address, street, city, state, zip)	Name of Known Current Location
1.		
2.		
3.		
4.		

3. Is/Are any of the child(ren) Physically Disabled and/or Developmentally Disabled? **YES NO**
- If **YES**, then write the name of child, type of disability and name of disability:

Name of Child	Physically Disabled and/or Developmentally Disabled	Name(s) of known disability(ies)
1.		
2.		
3.		
4.		

4. Is/Are the child(ren) currently in foster care? **YES NO**
5. Is/Are the child(ren) under the care of a relative other than biological parent(s)? **YES NO**
6. Type of abuse suspected/witnessed (*circle all that apply below*):
- Physical / Mental / Sexual / Neglect / Abandonment / Other (*specify*): \_\_\_\_\_.
7. What is the nature of the relationship between the child(ren) and the alleged wrongdoer? (*specify*)  
\_\_\_\_\_.

**INFORMATION ABOUT THE INVOLVED PARTIES IN SAME HOUSEHOLD:**

1. Does/Do the child(ren) involved have any known siblings of the same household whom are not involved in the incident of known or suspected abuse/neglect? **YES NO**
2. If **YES**, then please list name, DOB of siblings and if they are enrolled/eligible for enrollment in the Pechanga Band:

Sibling Name	DOB (mm/dd/yyyy)	Enrolled/Eligible in Pechanga? <b>YES or NO or Name of Tribal Affiliation</b>
1.		
2.		
3.		
4.		

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3. Please write the name(s) and corresponding information of the child's/children's known Parent(s)/Guardian(s):

Name of Parent/Guardian	Address (address, street, city, state, zip)	Enrolled/Eligible in Pechanga? <b>YES or NO</b>	Phone Number (area code) ###-####
1.			
2.			

**INCIDENT INFORMATION:**

1. Provide a brief description of what the Mandated Reporter observed/witnessed or suspects has occurred involving the child and Parent(s)/Guardian(s). *If you have separate documentation of the incident then attach the documents to this report and write **SEE ATTACHED**.*

**CERTIFICATION OF REPORT:**

I, the undersigned, certify that I have read the foregoing questions and I have answered them truthfully to my own knowledge.

Dated: \_\_\_\_\_  
*(mm/dd/yyyy)*

\_\_\_\_\_  
*(Printed Full Name of Mandated Reporter) \*required*

\_\_\_\_\_  
*(Signature of Mandated Reporter) \*required*