PARISH/SCHOOL NAME

Parish/School Address 1

Parish/School Address 2

Office (\*\*\*) \*\*\*-\*\*\*\* Fax (\*\*\*)\*\*\*-\*\*\*\*

[email](mailto:mmo@stpeterchanel.org) address

Date

Division of Family and Child Services

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Service Center

DFCS Office Address

DFCS Office City, State, and Zip code

I am writing to follow up on a call that I made to the Georgia DFCS Centralized Intake Call Center on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date) at \_\_\_\_\_\_\_\_(time) am/pm. At that time, I spoke to \_\_\_\_\_\_\_\_\_\_\_\_\_\_(DFCS representative) to make a report of possible abuse concerning a child at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_( location name). I gave \_\_\_\_\_\_\_\_\_\_\_\_\_ (DFCS representative) the following information:

Child’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nature of suspected abuse: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Thank you very much for your attention to and concern for this matter.

Sincerely,

Your Name

Title

Phone Number