**Reporting a concern**

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| This form is meant as a guideline for adult private citizens who are concerned about the welfare of a child, and who wish to report their concern to the Child Welfare Services. You can also contact the Child Welfare Services by phone or in person.  **TIPS:**  - Be concrete and give details. More information makes it easier for the Child Welfare Services to follow up on the report.  - Avoid drawing your own conclusion. When you report a concern, write about your observations.  - There is no need for academic terminology. Use your own words to describe what you have seen or heard.   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **The name and address of the child:** | | | **Birth date:** | | | (Provide the information you have on the child) | | |  | | | **Mother’s name, address and phone number:** | | | | | | **Father’s name, address and phone number:**  (Provide the information you have on the parents) | | | | | | **What have you seen or heard giving you reason for concern?** | | | | | | (Describe your cause for concern, be as specific as possible) | | | | | | **Has the child told you something that gives you reason for concern?** | | | | | | (Describe what the child has said, giving you reason for concern. Be as specific as possible) | | | | | | **Do you know of others who are or should be concerned about the welfare of the child?** | | | | | | (Examples: family members, school, health workers, neighbours, friends of the family) | | | | | | **Do you have other information you believe it is important for the Child Welfare Services to be aware of?** | | | | | |  | | | | | | **What is your relation to the family?** | | | | | |  | | | | | | **Which nationality does the family have?** | | | **Is there a need for interpretation?** | | |  | | | **Yes ⃝ No ⃝** | | | **The concern has been raised with:** | **The child:**  **Yes ⃝ No ⃝** | **The parents:**  **Yes ⃝ No ⃝** | | **Others:** | | **Your name and phone number:** | | | | |   **Place:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Due to privacy concern, the form must be sent by normal mail to:**  Kvam herad  Barneverntenesta  Grovagjelet 16  5600 Norheimsund |