

CONFIDENTIAL NOTIFICATION LETTER FOR REPORTER

_____ Referral or Identification Number: _____

Dear _____:

Thank you for sharing your concerns about _____ reported to the Department of Children's Services on _____. The item checked below indicates that the information you provided:

<input type="checkbox"/>	Has been ASSIGNED TO A CHILD PROTECTIVE SERVICES CASE MANAGER as a case in _____ County. Services may be offered or provided to the family based upon the findings.
<input type="checkbox"/>	Has been REFERRED TO THE LOCAL CASE MANAGER who is presently involved with the family.
<input type="checkbox"/>	Has been REFERRED TO AN AGENCY WITH APPROPRIATE INVESTIGATIVE AND/OR LICENSURE RESPONSIBILITIES (e.g., law enforcement, DHS daycare, DCS licensure, Department of Mental Health and Developmental Disabilities, Foster Care Review Board, etc.). The appropriate agency has been notified:
<input type="checkbox"/>	Has been REFERRED TO AN AGENCY IN THE STATE WHERE THE INCIDENT OCCURRED . (Information was concerning a family that resides out of the state of Tennessee).
<input type="checkbox"/>	Does not provide sufficient or enough information necessary to locate the family. (Example: No valid address, location or whereabouts of the family are unknown).
<input type="checkbox"/>	Involves an incident of Prenatal Abuse/Neglect.
<input type="checkbox"/>	Involves an alleged victim who is eighteen (18) years or older, and considered as an adult in the state of Tennessee.
<input type="checkbox"/>	Does not meet a definition of abuse or neglect as established by Tennessee Rules and Regulations.
<input type="checkbox"/>	Has been REFERRED TO LAW ENFORCEMENT BECAUSE THE SEXUAL OR PHYSICAL ABUSE VICTIM IS THIRTEEN (13) YEARS OR OLDER and the alleged perpetrator is not a relative or caretaker.
<input type="checkbox"/>	Has been REFERRED TO THE DCS RESOURCE LINKAGE UNIT for the provision of Community Services.
<input type="checkbox"/>	Other Comments:

Note: DCS Policies can be accessed at the following site: www.state.tn.us/youth/dcsguide/policies/chap14.htm

If your report has been marked as "**ASSIGNED TO A CHILD PROTECTIVE SERVICES CASE MANAGER**", "**REFERRED TO THE LOCAL CASE MANAGER**" or "**DCS RESOURCE LINKAGE UNIT**", please contact _____ at _____ for questions or if you need additional information.

Sincerely,

DCS Team Leader

Letter Prepared by: _____