Lebanon County Children and Youth Services (LCCYS) Investigation Form:

Reporting Person's Contact Information: (*Please be advised that Anonymous Complaints will be reviewed but may ultimately not be investigated).

First Name*: _____

Last Name*: _____

E-mail Address*: _____

Phone Number*:_____

Address: _____

Street Address*:_____

Apartment/Suite Number:_____

City*:_____

State*:_____

Zip Code*:_____

Child/Children: _____

Age and/or DOB*: _____

First Name*: _____

Last Name*: _____

Street Address*: _____

Apartment/Suite: _____

City*: _____

State*: _____

Zip Code*: _____

Parent's Names/Contact Information (if known):

_____

Alleged Perpetrator(s):

First Name*: _____

Last Name*: _____

Street Address*: _____

Apartment/Suite: _____

City*: _____

State*: _____

Zip Code*: _____

Lebanon County Children and Youth Services Caseworker(s) Assigned and/or Involved with this Incident:

First Name*: _____

Last Name*: _____

Type of Incident (At least one type must be selected).

- ☐ Unsafe home environment in which the child suffered death or serious injury as a result– i.e., homes without working utilities, homes with existing hoarding conditions, and/or any other unsafe physical condition.
- ☐ Child returned by LCCYS to a residence that serves as the current home of the perpetrator or the child's abuser.
- ☐ Actions on behalf of LCCYS that advocated for and allowed contact to occur between the suspected/charged perpetrator of abuse and the child-victim.
- ☐ Actions on behalf of LCCYS which tipped off a perpetrator of abuse to future police investigations and interactions.
- ☐ Any other instances (**excluding custody matters**) wherein a citizen believes LCCYS knowingly placed a child at risk during its care and proceedings.

Incident Details:

Date(s) of Occurrence*:

_____

Incident Location:

_____

Street Address*:

_____

Apartment/Suite Number:

_____

City*: _____

State*: _____

Zip Code*: _____

Summary of Incident* (*Please be as detailed as possible*)

Attachments:

Please attach any supporting documents to the email when submitting this form. This form can be submitted to Mary.Haag@lebanoncountypa.gov

☐ * I understand that submitting a false report is punishable by law and agree the incident(s) I am reporting are true and correct to the best of my knowledge.

☐ * I understand that the information I provided will be reviewed by an investigator and that I agree to provide additional details and information, including potential testimony at legal proceedings, if necessary. I also understand that I may not be contacted, if after review, the information provided is not deemed appropriate for further follow-up or investigation.