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Oral/phone report made: (date and time of oral report)

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Report provided to: \_\_\_\_\_ (the Intake Worker's Name)  
\_\_\_\_\_ (CFS Agency)

What specific follow-up activity was agreed upon by the agency at the time of your oral report? \_\_\_\_\_

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Other comments or notes: \_\_\_\_\_

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Signature of person reporting: \_\_\_\_\_ School: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please inform your principal that you filed this report

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**Area 2: Child and Family Services of Central Manitoba—1-204-857-8751**  
(All schools within PRSD, as well as St. Ambroise students)

**Area 12: Rural and Northern Services-Interlake—1-204-467-4420**  
(St. Laurent School except for St. Ambroise students)

Province-wide intake an emergency, after-hours child and family services  
line toll free: **1-866-345-9241**

If you think a child is in immediate danger, call 911 or your local police station.

Child and Family Services Contacts: <http://gov.mb.ca/fs/childfam/cfsagencies>

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**Seal this report in an envelope, address it "TO BE OPENED BY DIRECTOR OF STUDENT SERVICES/CONFIDENTIAL" and place it in Divisional mail.**