



Arkansas Department of Human Services
Division of Children and Family Services

Notice of Child Maltreatment Allegation to

Employer Volunteer Coordinator Licensing or Registering Authority

To:

Address:

From:

County Office:

Date: CHRIS Referral #

RE: Name of Alleged Offender:

As required by Arkansas Code Annotated §12-18-506, we are notifying you that a person engaged in child-related activities or employment has been identified as an alleged offender in a report of suspected child maltreatment made to the child abuse hotline.

No determination has been made as to the accuracy or inaccuracy of the hotline report, but our initial investigation indicates children under the care of the alleged offender appear to be at risk.

Once the investigation is complete, an investigative determination will be made. If the investigative determination is true, the alleged offender has the right to an administrative hearing.

This information is confidential and cannot be disclosed. You can consult your own attorney regarding the information in this notice.

Date of Allegation:

Allegation:

FAMILY SERVICE WORKER PRINTED NAME

FAMILY SERVICE WORKER SIGNATURE