



Arkansas Department of Human Services

Division of Children and Family Services

DCFS TRUE INVESTIGATION FILE COVER SHEET

(For DCFS Notification Unit files)

Referral/Investigation #: _____

Date sent to Central Office: _____

Investigating County: _____

Assigned Investigator: _____

Investigator Supervisor: _____

Alleged Offender(s): _____

Alleged Victim(s): _____

ITEMS ASSOCIATED: (please circle/check/list all associated items):

DVDs, Qty. _____

CDs, QTY. _____

Pictures, Qty. _____

Other:

Send files to:

DCFS Notification Unit – Slot S 555
DEPARTMENT OF HUMAN SERVICES
P O BOX 1437
LITTLE ROCK, AR 72203-1437