

Sign Up to the Mandatory Reporter Portal

First Name :

Last Name :

Username/Email :

Enter your email ID

Password :

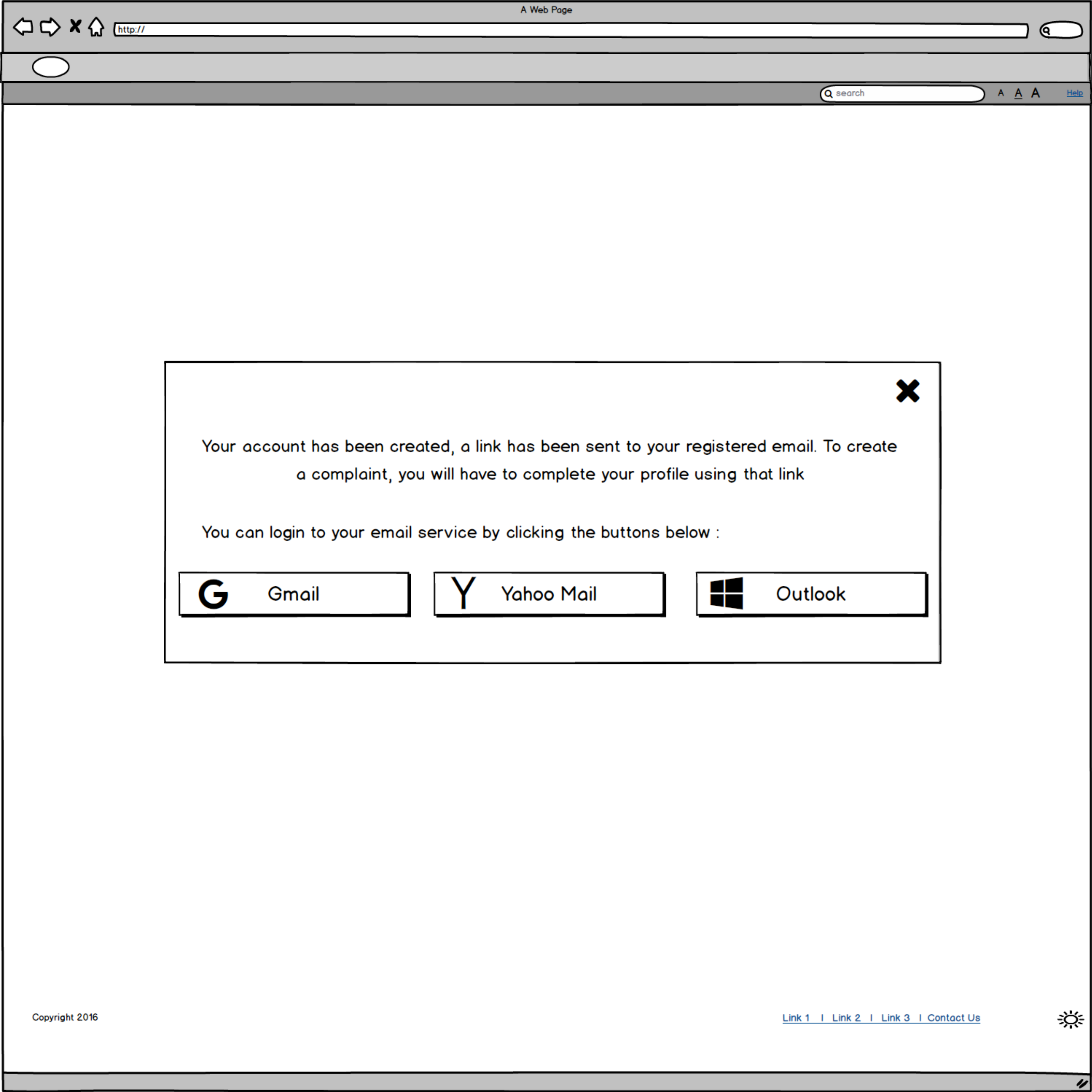
Min 8 Characters

Re-Password :

Sign Up

Already have an account?

[Login »](#)



Your account has been created, a link has been sent to your registered email. To create a complaint, you will have to complete your profile using that link

You can login to your email service by clicking the buttons below :



Gmail



Yahoo Mail



Outlook



Reporting Person Signup

Please confirm your name, contact information and organization.

Reporting Person Profile

User Name/Email : ☐ System Administrator

First Name : Middle Name : Last Name :

Gender : Reporting Person Category : Reporting Person Role :

Contact Details

Work Number : Mobile :

Extension : E-mail : Other :

Address

Organization Name :

Address Line1:

Address Line2:

City : State : Zip :

Close

Save

Save & Continue



Reporter Profile

Complaint Participants

Allegations

Additional Information/
Supporting Documentation

Complaint Summary

Complaining Person Profile

Child Name

Complaint ID : 2570008

Date Submitted : DHS Central Office

Status In Progress

Please confirm your name, contact information and organization.

Complaining Person Profile

User Name/Email :

☐ System Administrator

First Name :

Middle Name :

Last Name :

Gender :

- Please Select -

Reporting Person Category :

- Please Select -

Reporting Person Role :

- Please Select -

Contact Details

Work Number :

Mobile :

Extension :

E-mail :

Other :

Address

Organization Name :

Address Line1:

Address Line2:

City :

State :

- Please Select -

Zip :

Cancel

Save & Continue

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Link 1

Link 2

Link 3

Contact Us

- Reporter Profile
- Complaint Participants
- Allegations
- Additional Information/
Supporting Documentation
- Complaint Summary

Complaint Participants

Complaint ID : 2570008

Date Submitted : DHS Central Office

Status In Progress

Child Name

Summary

Name	ID	Gender	DOB	Age	Role	Action
No Records Available						

Please provide the following information for each person involved in this incident.

Personal Information

First Name :

Middle Name :

Last Name :

Suffix : - Please Select -

Gender : - Please Select -

Date of Birth :

Available Race(s) :

Selected Race(s) :

Roles

Available Role(s) :

Selected Role(s) :

Is the person inside the household?

- Please Select -

Contact Information

Work Number :

Mobile :

Extension :

E-mail :

Other :

Address

☐ Address Unknown

Same As : - Please Select -

Address Line1:

Address Line2:

City :

State : - Please Select -

Zip :

Is this the location where the abuse happened? :

- Please Select -

Access to Child Victims

Does this participant have access to child victims at this location? - Please Select -

What access does the participant have to child victims?

Cancel

Save & Add

Save & Continue



http://

search

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A

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Help

Reporter Profile

Complaint Participants

Allegations

Additional Information/
Supporting Documentation

Complaint Summary

Allegations

Child Name

Complaint ID : 2570008

Date Submitted : DHS Central Office

Status In Progress

Please confirm your name, contact information and organization.

Allegation Details

Date of Alleged Abuse/Neglect

Time of Alleged Abuse/Neglect

HH:mm

AM

ET

Allegation Type+:

- Please Select -

Select Alleged Victims:

Participant ID	Participant Name	Age	Gender	Select
No Records Available				

Select Alleged Perpetrator ::

Participant ID	Participant Name	Age	Gender	Select
No Records Available				

Add Allegation

Allegation Record

Allegation Group ID	Date/Time of Alleged Abuse/Neglect	Allegation Type	Alleged Victim(s)	Alleged Perpetrator(s)	Actions
No Records Available					

Allegation Notes

Narrative :

Cancel

Save

Save & Continue

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