

REPORT OF SUSPECTED ABUSE OF A CHILD

1. Any district employees having reasonable cause to believe that any child with whom the employee comes in contact has suffered abuse, or that any person with whom the employee comes in contact has abused a child, shall orally report or cause an oral report to be immediately made by telephone or otherwise to the local office of the Oregon Department of Human Services or to a law enforcement agency within the county where the person making the report is at the time of his/her contact.
 - **Department of Human Services: 541-686-7555**
 - **Lane County Sheriff's - 541-895-2536 or 541-682-4150**
2. District employees shall make a written record of reports using this form.
3. The employee making an initial report shall retain a copy of this form and provide a copy to his/her supervisor. (Note: The written record of the abuse shall not be placed in the student's educational record.)

Date Taking Report: _____ Time: _____ AM PM

Reporter's Name: _____ Position/School: _____

Date Making Report: _____ Time: _____ AM PM

Reported To (name & agency): _____

Reported By Phone (Extension: _____) Other: _____

DHS Notes: (e.g., open case, will open, not pursuing at this time, will interview student, assigned to caseworker)

Child Name: _____ Date of Birth: _____

Parent(s) or Guardian(s) Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Other Children in Household (if known): _____

Alleged Perpetrator: _____

Address: _____

Phone: _____ Relationship to Child: _____

- Continued on Back -

Witness Name: _____ Position: _____

Contact Information: _____

Witness Name: _____ Position: _____

Contact Information: _____

Specific Concerns or Allegations (Please provide a description of the nature and extent of the abuse, including any information that could be helpful in establishing cause of abuse and identity of the abuser. Be specific and report what you observed and/or were told.)

Written report received by: _____ Date: _____