

SOUTHERN OREGON ESD CHILD ABUSE REPORT FORM

ORS 419B.010 requires that any public or private official having reasonable cause to believe that any child with whom the official comes in contact has suffered abuse or that any person with whom the official comes in contact has abused a child shall immediately report or cause a report to be made in the manner required in ORS 419B.015."

DIRECTIONS: (1) Complete all information in Part A; (2) Complete Part B when report is made and contact supervisor of the report; (3) Send a copy of the report to the SOESD superintendent and the building principal.

PART A

ALLEGED VICTIM: Interpreter Needed Yes No Type _____ Disability: _____

_____ Male Female

LAST NAME FIRST M.I. AGE DATE OF BIRTH

SCHOOL GRADE _____

PARENT/GUARDIAN: _____

LAST NAME FIRST NAME M.I.

ADDRESS/CITY/ZIP CODE PHONE _____

Nature and extent of the alleged abuse: _____

Date and time of alleged abuse: _____

Evidence of any previous abuse: _____

Explanation given for the abuse: _____

Identity of alleged perpetrator (if known): _____

Other pertinent information concerning the alleged abuse: _____

INFORMATION GATHERED BY: Name _____ Position _____

(SIGNATURE)

Date _____ Time _____

CONFIDENTIAL – DO NOT FAX

PART B

REPORTED TO: (Indicate which agency)

State Child Welfare Office Involvement:

Date _____ Time _____ County _____

Name of Contact at SCF _____

Law Enforcement Agency Involvement:

Date _____ Time _____ County _____

Officer's Name _____

Child taken into protective custody from school: Yes No _____

SIGNATURE OF LAW ENFORCEMENT AGENCY/CPS AGENT TAKING CHILD

Employee who made call: _____ (SIGNATURE) _____ (DATE)

DO NOT FILE IN CHILD'S SCHOOL RECORD