

Morrow County School District

Code: **JHFE-AR (2)**
Adopted 9-10-12

Suspected Child Abuse Report Form

Student's Name	Gender	DOB	Grade	School/Person Reporting
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Home Address	City, State, Zip	Home Phone	Emergency Phone
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Date of Report	Time Reported	Agency Contacted
Name of Agency Official		Primary Caregiver's Name
Time Agency Arrived	Time Agency/Child Left	Responding Agency Name

AREA OF ABUSE – Circle Type	
PHYSICAL:	Any physical injury to a child which has been caused by other than accidental means, including injury that appears to be at variance with the explanation given of the injury.
NEGLECT:	Neglect which leads to physical harm,(neglect generally refers to parental failure to provide a child a minimum of food, shelter, health care or education.
SEXUAL:	Sexual molestation (it may be assured that the word “molestation” refers to the entire gamut of inappropriate sexual activity between an adult and child or between other sibling and the child.
OTHER:	(i.e., Mental injury; threat of harm)

Location of Occurrence	Date/Time of Occurrence	Date/Time Notified of Occurrence
Is Victim in Danger of Immediate Further Abuse?		Explain the Danger:
Weapon Involved? Yes No _____	Was DHS Contacted? Yes No Agency _____	Police Notified? Yes No [] Morrow County Sheriff [] Other
What Type of Weapon _____ _____	Time Reported _____ Name _____	Time Reported _____ Name of Officer _____
CONTACT INFORMATION	DHS 541-481-9482 or 800-547-3897	MORROW CO SHERIFF 676-5317 911

Accused Name _____	Title _____
Is the Accused Aware of the Reported Incident?	[] Yes [] No

FAMILY INFORMATION

Father's Name	Address	Employment	Work Phone
Mother's Name	Address	Employment	Work Phone

Please list all siblings and their date of birth:

Name/DOB	Name/DOB
Name/DOB	Name/DOB

Please list all significant persons, their relationship and phone number

Name/Relationship/Phone #	Name/Relationship/Phone #
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COMPLETE DESCRIPTION OF SUSPECTED ABUSE

Describe the suspected abuse and **record comments made by the child and yourself.** (Use additional paper, if necessary).

- [] What was the disposition of the child after the agency involvement? _____
- [] Follow up report received from agency? _____ Date Received _____

Signature of Reporting Staff Member _____ Date _____

**Oregon Department of Human Services or a Law Enforcement Agency has the
SOLE RESPONSIBILITY for contacting parents.**