

Morrow County School District

Code: **JHFE-AR (2)**
Adopted 8/13/12

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		Case Number Assigned
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 _____ What Type of Weapon _____ _____	Was DHS Contacted? Yes No Agency _____ Time Reported _____ Name _____	Police Notified? Yes No [] Morrow County Sheriff [] Other Time Reported _____ Name of Officer _____
CONTACT INFORMATION	DHS 541-481-2960 Fax 541-481-2960	MORROW CO SHERIFF 676-5317 911

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

