

Stanfield School District
CHILD ABUSE AND NEGLECT REPORT FORM

Incident must be reported immediately or as soon as possible, but no later than 48 hours, to Oregon Child Abuse Hotline:
(971) 673-7112 or the local office in Boardman (541) 481-9482.

| | | | | | | | | |
|---|-------|----------------------------------|-------|------------------------------------|--------|---|--|--|
| PARENT(S) / GUARDIAN(S) IDENTIFICATION | | | | | | | Name of DHS Contact: | |
| Last Name: | | First: | | Middle: | | Date of DHS Report: | | |
| Address: | | | City: | Phone: | | | Time of DHS Report: | |
| ALLEGED VICTIM | | | | | | | Type of Child Abuse (Check all that apply): | |
| Last Name | First | M.I. | D.O.B | M/F | Grade | Spec. Ed Y/N | <input type="checkbox"/> Physical Abuse | |
| | | | | | | | <input type="checkbox"/> Neglect | |
| | | | | | | | <input type="checkbox"/> Sexual Abuse | |
| | | | | | | | <input type="checkbox"/> Medical Neglect | |
| | | | | | | | <input type="checkbox"/> Emotional Neglect/Abuse | |
| | | | | | | | <input type="checkbox"/> Sexual Exploitation | |
| OTHER CHILDREN IN FAMILY | | | | | | | <input type="checkbox"/> Other (explain/describe): | |
| Last Name | First | D.O.B. | | M/F | School | Grade | | |
| | | | | | | | | |
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| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | Police Involvement: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | | | | | Officer's Name: | |
| REPORTER'S IDENTIFICATION | | | | | | | Child taken into protective custody: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Name of Reporter: | | | | | | | | |
| <input type="checkbox"/> Principal | | <input type="checkbox"/> Teacher | | <input type="checkbox"/> Counselor | | <input type="checkbox"/> Classified Staff | | |

| | | | |
|---|--|---|--------------------------------------|
| ALLEGED PERPETRATOR IDENTIFICATION | | | |
| Relationship to Victim: | | | |
| <input type="checkbox"/> Parent | <input type="checkbox"/> Foster Parent | <input type="checkbox"/> School Staff | <input type="checkbox"/> Third Party |
| <input type="checkbox"/> Relative | <input type="checkbox"/> Daycare | <input type="checkbox"/> Group Home | <input type="checkbox"/> Other: |
| Last Name: | | First Name: | |
| Address: | | City: | State: Zip: |
| Telephone Number: | | Access to Child: <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Stanfield School District
CHILD ABUSE AND NEGLECT REPORT FORM, page 2

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|--|------------------------|
| Reporter's Signature: | Principal's Signature: |
| Date: | Date: |
| Copy to: <input type="checkbox"/> Administrator <input type="checkbox"/> Counselor <input type="checkbox"/> Copy faxed to: Oregon Child Abuse Hotline (503) 656-0401 D15.CWHotline@dhsosha.state.or.us | |