

**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:
(855) 503-7233.

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				
							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	

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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 (855)503-7233 D15.CWHotline@dhsosha.state.or.us	