

**SOUTH LANE SCHOOL DISTRICT  
CHILD ABUSE REPORT FORM**

Person initiating this referral must:

Report incident IMMEDIATELY by telephone to Oregon Department of Human Services or police. A copy of this report must be sent to the District office.

**RECORD OF REPORT**

AGENCY TO WHICH THE REPORT IS MADE:        DHS    or    POLICE    (circle one)

NAME OF AGENCY PERSON TAKING THE REPORT: \_\_\_\_\_

SLSD EMPLOYEE MAKING THE REPORT: \_\_\_\_\_

DATE AND TIME OF REPORT: \_\_\_\_\_

**STUDENT INFORMATION**

Information available in the front office of each school

NAME OF CHILD: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

CHILD'S BIRTHDATE: \_\_\_\_\_ AGE: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_

Please give detailed facts. Include what was said regarding where, when and who was involved. Note type of abuse (physical, sexual, mental, threat of harm) and the indicators. Use reverse side if necessary:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Person Completing Report

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Principal/Supervisor

\_\_\_\_\_  
Date