

Madrone Trail Public Charter School

Code: **JHFE-AR(2)**
Adopted: **5/8/2019**

Child Abuse/Neglect Referral Report

Person initiating a child abuse/neglect referral must:

1. IMMEDIATELY report the incident verbally to your Director OR the Board President, AND the law enforcement agency OR Oregon Department of Human Services, Child Protective Services division at (541) 776-6120.
2. If a school employee is a suspected abuser, a report must immediately be made to the Oregon Department of Human Services, Child Protective Services division, or the local law enforcement agency, AND to the Director or Board President.
3. Send completed referral report form to the Director or Board President.

REPORTER: Name _____ School _____ Position _____

INFORMATION GATHERED: Date _____ Time _____

ALLEGED VICTIM: Interpreter Needed Yes No Special Ed Yes No Male Female

Last Name _____ First _____ M.I. _____ Age _____ Date of Birth _____

School _____ Teacher _____ Grade _____

PARENT/GUARDIAN: Last Name _____ First _____ M.I. _____

Address/Zip Code _____ Telephone _____

OTHER CHILDREN IN FAMILY: (If additional space is needed, please list on reverse)

Last Name _____ First _____ M.I. _____ Age _____ Relationship _____

Last Name _____ First _____ M.I. _____ Age _____ Relationship _____

SPECIFIC ALLEGATIONS: Type of abuse physical sexual emotional neglect

Provide a detailed and factual (where, when, people involved, people reporting) account of the suspected abuse, include indicators. Use reverse, if necessary.

ALLEGED ABUSER: Last Name _____ First _____ M.I. _____

Address/Zip Code _____ Telephone _____

Relationship to victim: _____ Does person have continued access to child? Yes No Not Certain

REPORTED TO: (Indicate which person/agency, check all that apply.)

Principal/Supervisor: Name/Title _____ Date _____ Time _____

Human Resource Director: Name/Title _____ Date _____ Time _____

Law Enforcement Agency: Name/Title _____ Date _____ Time _____

Department of Human Services: Name/Title _____ Date _____ Time _____

Law Enforcement/Child Protective Services action at time of report

Officer's/Case Worker's Name _____ File/Case # _____ Action Taken _____

Child taken into protective custody? Yes No If Yes, officer/case worker must sign **Child Abuse Investigations**

Conducted on District Premises form.

DO NOT FILE IN CHILD'S SCHOOL RECORD - Distribution: Original to Board President, copies to: employee filing report & school office