

**Suspected Abuse of a Child Reporting Form**

Person initiating this referral must:

Report immediately to the local office of the Oregon Department of Human Services (ODHS), Corvallis Police Department (CPD) or Benton County Sheriff's Office (BCSO).

Examples of abuse are:

- Physical Injury                      Mental Injury                      Negligent Treatment                      Rape
- Sexual Abuse                      Sexual Exploitation                      Threatened Harm to a Child

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_ M/F \_\_\_\_\_

Parent's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Sibling Name(s)/DOB \_\_\_\_\_

Child's Teacher \_\_\_\_\_ School \_\_\_\_\_

Date of Suspected Abuse \_\_\_\_\_ Type of Suspected Abuse \_\_\_\_\_

Source of Information/Disclosure \_\_\_\_\_

Brief Summary of Incident (including personal observations, e.g., bruises, cuts, statements of victim, witnesses)

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

Date Administrator Informed \_\_\_\_\_ Name of Administrator Informed \_\_\_\_\_

Copy given to  Principal  Other

**REPORT TO LEGAL AUTHORITY**

Date and Time Report Filed \_\_\_\_\_ Agency Person's Name \_\_\_\_\_  
(ask for probable response when, and if you can have some feedback)

Agency notified \_\_\_\_\_ ODHS(757-5019) \_\_\_\_\_ CPD(766-6924) \_\_\_\_\_ BCSO(766-6858)

**INFORMATION ABOUT ALLEGED PERPETRATOR (IF KNOWN)**

Name \_\_\_\_\_ Address \_\_\_\_\_  
Relationship to Child \_\_\_\_\_ Phone Number \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

**PEOPLE/WITNESSES WHO MAY HAVE ADDITIONAL INFORMATION**

Name \_\_\_\_\_ Address/Position \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Address/Position \_\_\_\_\_ Phone \_\_\_\_\_

Reporter's Name \_\_\_\_\_ Position \_\_\_\_\_ Date \_\_\_\_\_ Phone Number \_\_\_\_\_