Corvallis School District 509J

School	
Date of Report	
Reporter's Name	
Reporter's Position	
Reporter's Phone	

Code: **JHFE-AR(2)**
Revised/Reviewed: 12/12/11; 11/04/13; 11/01/18

CONFIDENTIAL
DO NOT PLACE IN STUDENT'S EDUCATIONAL RECORD

Suspected Abuse of a Child Reporting Form

Type of Abuse: ☐ Neglect ☐ Physical Injury ☐ Mental Injury ☐ Threatened Harm ☐ Sexual Abuse ☐ Sexual Exploitation

Child's Name _____ DOB _____ Age _____ Gender _____

Parent/Guardian Name(s) _____ Phone Number _____

Address _____

Sibling Name(s)/DOB _____ _____

Date of Suspected Abuse _____ T ype of Suspected Abuse _____

Source of Information/Disclosure _____

Brief Summary of Incident (including personal observations e.g., bruises, cuts, statement of victim): Use back of form for summary.

Information about Alleged Perpetrator (if known)

Name _____ Address _____

Relationship to Child _____ Phone Number _____
Home Work

People/Witnesses who may have Additional Information

Name _____ Address (or Position) _____ Phone _____

Name _____ Address (or Position) _____ Phone _____

Report to Legal Authority

Date and Time Report Filed _____ Agency Person's Name _____

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

Internal Reporting Completed

Date Administrator Informed _____ Name of Administrator Informed _____

Copies of Documentation

☐ Provided to Administrator ☐ Provided to Assistant Superintendent ☐ Retained by Reporter