

Hermiston School District 8R

Code: **JHFE-AR(2)**
Effective: 1/2/96
Revised/Readopted: 7/6/04, 7/12/05
Orig. Code(s): JHFF-AR

Suspected Child Abuse Report Form

Student's Name	Sex	Birth date	Grade	Home Room Teacher
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Home Address	City, State, Zip	Home Phone	Emergency Phone
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Date of Report: _____ Time Reported: _____ Agency Contacted: _____
Name of Agency Official: _____ Case Number:
Assigned: _____
Time Agency Arrived: _____ Time Agency/Child Left: _____ Responding Agency Name: _____

AREA OF ABUSE

Circle type:

PHYSICAL: Any physical injury to a child which has been caused by other than accidental means, including injury which appears to be at variance with the explanation given of the injury.

NEGLECT: Neglect which leads to physical harm (neglect generally refers to parental failure to provide a child a minimum of food, shelter, health care, or education).

SEXUAL: Sexual molestation (it may be assured that the word "molestation" refers to the entire gamut of inappropriate sexual activity between an adult and child or between other sibling and the child).

FAMILY INFORMATION

Father's Name	Address	Employment	Work Phone
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Mother's Name	Address	Employment	Work Phone
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Please list all siblings and their date of birth:

Name/DOB	Name/DOB	Name/DOB	Name/DOB
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List other significant persons, their relationship and phone number:

Name/Relationship/Phone Number	Name/Relationship/Phone Number
Name/Relationship/Phone Number	Name/Relationship/Phone Number

COMPLETE DESCRIPTION OF SUSPECTED ABUSE

Describe the suspected abuse and record comments made by the child and yourself: (Use next page if needed)

Was the disposition of the child after the agency involvement?

Follow up report received from agency
Date received:

Signature of Reporting Staff Member: _____

Oregon Department of Human Services, Community Human Services or Law Enforcement Agency
has the **SOLE RESPONSIBILITY** for contacting parents.

