

Abuse of a Child Reporting Form

Name of reporter: _____

Position of reporter: _____

Date of this report: _____

Name of suspected abused child and parents/guardian: _____

Address of suspected abused child and parents/guardian: _____

Date and place of incident or incidents: _____

Description of the nature and extent of the abuse, including any information which could be helpful in establishing cause of abuse and identity of the abuser: _____

Name and position of witnesses (if any): _____

Name of agency and individual suspected abuse was reported and how report was made (phone, in peson): _____

Date and time report was made to the agency: _____

Names of persons who received a copy of this written report: _____

I agree that all of the information on this form is accurate and true to the best of my knowledge.

Signature: _____

Date: _____

Jewell School District
83874 Highway 103, Seaside, OR 97138-6154 | 503-755-2451

WITNESS DISCLOSURE FORM

Name of Witness: _____

Position of Witness: _____

Date of Testimony/Interview: _____

Description of Instance Witnessed: _____

Any Other Information: _____

I agree that all the information on this form is accurate and true to the best of my knowledge.

Signature: _____

Date: _____