

# Medford School District 549C

Code: **JHFE-AR(2)**  
Revised/Reviewed: 5/07/12  
Orig. Code(s): JHFE-AR

## Child Abuse/Neglect Referral Report

Person initiating a child abuse/neglect referral must:

1. IMMEDIATELY report the incident verbally to your principal/supervisor OR the Director of Human Resources, AND the law enforcement agency OR Oregon Department of Human Services, Child Protective Services division at (541) 776-6120.
2. If a district 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 Medford School District Director of Human Resources.
3. Send completed referral report form to the Medford School District Director of Human Resources.

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 Human Resources Department, copies to: employee filing report & school office