

Silver Falls School District 4J

Code: **JHFE-AR(2)**
Adopted: 8/96
Readopted: 9/8/97; 10/05; 9/11

Silver Falls School District 4-J Child Abuse/Neglect Referral

Person initiating this referral must: Report incident IMMEDIATELY by telephone to law enforcement agency (LEA) or State Department of Human Services/Child Welfare (DHS) at: **Marion County: 503-378-6704 or 1-800-854-3508, dial 6; Clackamas County: 971-673-7112 or 503-731-3400; Clackamas County Sheriff's Dept.: 503-655-8218.**

If the alleged perpetrator is a school district employee, following the call to DHS or law enforcement, immediately contact the SFSD Director of Personnel.

ALLEGED VICTIM: Interpreter needed: YES NO Disability _____

_____ Male Female
Last name First name MI Age Date of Birth

School _____ Grade _____

PARENT/GUARDIAN: _____
Last name First name MI

Address _____ City _____ Zip _____ Telephone _____

INFORMATION GATHERED: Be as detailed and factual as possible without soliciting further information. Include what was said regarding where, when, people involved, people reporting, and relationship to victim. Note type of abuse (physical, sexual, emotional, neglect) and indicators (use reverse side if necessary):

INFORMATION GATHERED BY: Name _____ Position _____

Date _____ Time _____ a.m./p.m.

[Notification of parent is responsibility of DHS or law enforcement]

REPORTED TO: (indicate which agency)

State Department of Human Services/Child Welfare (DHS) Involvement:

Date _____ Time _____ am/pm Name of contact at DHS _____

Law Enforcement Agency Involvement:

Date _____ Time _____ am/pm

Officer's name _____

Child taken into protective custody: Yes No

Signature of Law Enforcement Agency/DHS Agent taking child _____

Person who made call _____ Date _____

Principal _____ Date _____

DO NOT FILE IN CHILD'S SCHOOL RECORD

Original kept by Person initiating referral
Copies sent to: Superintendent and Principal