

ROSEBURG PUBLIC SCHOOLS  
Roseburg, Oregon

REPORTING OF SUSPECTED ABUSE OF A CHILD

**CONFIDENTIAL**

Local SOSCF Telephone Number: 541-440-3373 ext 0

Local Police Telephone Number: 541-440-4471

**INFORMATION TO GIVE WHEN REPORTING ABUSE:**

Reporting Date: \_\_\_\_\_ Time: \_\_\_\_\_ Site/School: \_\_\_\_\_

Person Reporting: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Pupil's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Pupil's Parents: \_\_\_\_\_

Parent's Address: \_\_\_\_\_

Parent's Phone: \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cellular)

Brief factual statement of concerns: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**INFORMATION TO GET FROM AGENCY WHEN REPORTING CHILD ABUSE:**

Agency Contacted: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Person talked to: \_\_\_\_\_ Title: \_\_\_\_\_

Expected Actions: \_\_\_\_\_

Time by which action will take place: \_\_\_\_\_

Principal's Signature

Date

cc: Robert Freeman, HR Director (Revised 1-10)