

# North Clackamas School District Child Abuse Report Form

1-855-503-SAFE (7233)

Name of person reporting: \_\_\_\_\_ Relationship to student: \_\_\_\_\_  
Date & time reported to DHS: \_\_\_\_\_ or Date & time reported to Police: \_\_\_\_\_  
First and last name of person receiving report at DHS or Police: \_\_\_\_\_  
Name(s) of additional DHS worker(s) and/or police officer(s) involved in the report: \_\_\_\_\_

## STUDENT/SIBLING INFORMATION (list all known information)

Name: _____	Name: _____
Address: _____	Address: _____
Age: _____ Date of birth: _____	Age: _____ Date of birth: _____
Name: _____	Name: _____
Address: _____	Address: _____
Age: _____ Date of birth: _____	Age: _____ Date of birth: _____

## PARENT/GUARDIAN OR CARETAKER INFORMATION (list all known information)

Name of parent/guardian or caretaker: _____	Name of parent/guardian or caretaker: _____
Address: _____	Address: _____
Phone number: _____	Phone number: _____
Work number: _____	Work number: _____
Other number: _____	Other number: _____
Name of employer: _____	Name of employer: _____

## CASE INFORMATION

Nature and extent of abuse/explanation given for abuse: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other information (including the name and position of any witnesses): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Action: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Notified: \_\_\_\_\_  
\_\_\_ Principal \_\_\_ Assistant Principal \_\_\_ Teacher \_\_\_ Counselor \_\_\_ Nurse \_\_\_ Other: \_\_\_\_\_