

CONFIDENTIAL

**CENTRAL POINT DISTRICT 6
CHILD ABUSE / NEGLECT REFERRAL**

ORS 419B.010 requires that "any public or private official having reasonable cause to believe that any child with whom the official comes in contact in an official capacity has suffered abuse, or that any person with whom the official comes in contact in an official capacity has abused a child shall report or cause a report to be made..." Public officials include all school district employees.

Person initiating this referral must report incident IMMEDIATELY by telephone to law enforcement agency (LEA) or Department of Human Services (DHS). Notification of parent is responsibility of LEA or DHS. **Import all information from this form to the District google form once completed. If unable to complete google form, send this form to michelle.zeedyk@district6.org**

| | | | | |
|--|--|--|------------------------|---|
| VICTIM INFORMATION: INTERPRETER NEEDED: YES <input type="checkbox"/> NO <input type="checkbox"/> LANGUAGE: _____ IEP: YES <input type="checkbox"/> NO <input type="checkbox"/> | | | | |
| _____ | _____ | _____ | _____ | M <input type="checkbox"/> F <input type="checkbox"/> NON-BINARY <input type="checkbox"/> |
| FIRST NAME | LAST NAME | AGE | DOB | |
| _____ | _____ | _____ | _____ | _____ |
| SCHOOL | GRADE | STUDENT RACE/ETHNICITY | OTHER CHILDREN IN HOME | _____ |
| _____ | _____ | _____ | _____ | _____ |
| DOES CHILD LIVE AT HOME W/ PARENT/GUARDIAN? YES <input type="checkbox"/> NO <input type="checkbox"/> | | LIST NAME/AGE: _____ | | |
| ALLEGED ABUSER INFORMATION: DOES CHILD HAVE A SECOND PARENT/GUARDIAN AT ANOTHER ADDRESS? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | | |
| _____ | _____ | _____ | _____ | _____ |
| PARENT/GUARDIAN NAME | ADDRESS | PHONE | | |
| _____ | _____ | _____ | | |
| _____ | _____ | _____ | _____ | _____ |
| SECOND PARENT/GUARDIAN NAME | ADDRESS | PHONE | | |
| DESCRIPTION OF INCIDENT BEING REPORTED: BE AS DETAILED AND FACTUAL AS POSSIBLE WITHOUT SOLICITING FURTHER INFORMATION. DESCRIBE THE NATURE AND EXTENT OF THE SUSPECTED ABUSE, INCLUDING ANY EVIDENCE OF PREVIOUS ABUSE, THE EXPLANATION FOR SUSPECTED ABUSE, AND ANY OTHER INFORMATION THAT THE PERSON MAKING THE REPORT BELIEVES MIGHT BE HELPFUL IN ESTABLISHING THE POSSIBLE CAUSE OF THE SUSPECTED ABUSE AND IDENTIFY THE POSSIBLE PERPETRATOR. | | | | |
| | | | | |
| INFORMATION GATHERED BY: | | | | |
| _____ | _____ | _____ | _____ | _____ |
| NAME | POSITION | DATE | TIME | |
| REPORTED TO: <input type="checkbox"/> OR CHILD ABUSE REPORTING LINE 855-503-7233 <input type="checkbox"/> CENTRAL POINT POLICE DEPT 541-664-5578 | | | | |
| DATE: _____ | TIME: _____ | AGENCY EMPLOYEE WHO TOOK REPORT: _____ | | |
| REPORT #: _____ | WAS CHILD TAKEN INTO PROTECTIVE CUSTODY: YES NO UNSURE | | | |
| AGENCY ACTIONS FOR FOLLOW UP: _____ | | | | |
| _____ | | | | |
| PERSON WHO MADE CALL: _____ | | | | DATE: _____ |
| SUPERVISOR SIGNATURE: _____ | | | | DATE: _____ |