

GBSD CHILD ABUSE / NEGLECT REFERRAL

The person initiating this referral must: (1) Report incident immediately by telephone to Oregon Dept. of Human Services, Child Welfare Hotline at **1-855-503-7233** or local law enforcement, and (2) Report incident immediately to supervising administrator, and (3) Report incident as soon as possible to Human Resources, if an employee is involved.

Alleged Victim:Interpreter needed? Yes NoSpecial Education? Yes No

Last Name:	First:	MI:
Age:	DOB:	School:
Date and Time Information Gathered:		Grade:

Parent/Guardian:

Last Name:	First:	MI:	Phone:
Address:	City:	Relationship to Victim:	

Other Children in Family: (List additional on back)

Last Name:	First:	MI:	Grade:
Age:	DOB:	School:	
Last Name:	First:	MI:	Grade:
Age:	DOB:	School:	

Others in Family: (List additional on back)

Last Name:	First:	MI:	Age:
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Specific Allegations: Be detailed and factual (where, when, people involved, people reporting). Note type of abuse (physical, emotional, neglect)

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Alleged Perpetrator Identification:

Last Name:	First:	MI:	Phone:
Address:	City:	Relationship to Victim:	

Does the person continue to have access to the child? Yes No

Reported to DHS – Date:	Time:
Name of Contact at DHS:	
Action taken by DHS:	

Are parents aware that a referral is being made to DHS? Yes No

Police Involvement:		
Date:	Time:	Officer's Name:
Officer's BPST #:	File #:	Action Taken:

Child taken into protective custody? Yes No

Signature of Police/DHS personnel taking child: _____

DO NOT FILE IN CHILD'S SCHOOL RECORD

Filer's Signature: _____ Principal's Signature: _____

Phone: _____ Principal's Name (Print) _____

Original Reporting Employee's Signature: _____ Date: _____

Original Reporting Employee's Name (Print): _____

cc: Person Filing Report
SL/jfb:pkh Revised 5/12/09

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