# Rogue River School District #35

CHILD ABUSE/NEGLECT REFERRAL

Person initiating this referral must:

1. Report incident **IMMEDIATELY** to your Principal/Supervisor and the Law Enforcement Agency or Child Welfare Services at (541) 474-3120 or (541) 776-6120.
2. If a district employee is a suspected abuser, a report must immediately be made to the Oregon Department of Human Services, Community Human Services or the local Law Enforcement Agency and to the Principal and/or District Office.
3. Send completed referral form to the Principal and/or District Office.

ALLEGED VICTIM: Interpreter Needed ☐Yes ☐No
☐Male ☐Female

_____ _____ _____
Last Name First M.I. Age Date of Birth

_____ _____
Grade

SCHOOL INFORMATION GATHERED: Date_____ Time_____

REFFERER: Name_____ Position_____

PARENT/GUARDIAN _____
Last Name First

_____
Address/Zip Code Telephone

OTHER CHILDREN IN FAMILY: (If additional space is needed, please list on reverse)

_____

REPORTED TO: (Indicate which person/agency)
Principal/Supervisor Date:_____ Time_____

Law Enforcement Agency Date:_____ Time_____

Name of Law Enforcement/Child Welfare Contact:_____

Law Enforcement/Child Welfare Action_____

LAW ENFORCEMENT AGENCY INVOLVEMENT: Date:_____ Time:_____

Officer's/Case Worker's Name File #_____ Action Taken _____
Child taken into protective custody? ☐Yes ☐No_____
Signature of Agency Representative Taking Custody of Child

**DO NOT FILE IN CHILD'S SCHOOL RECORD**

Distribution: Copy to the Principal, Cumulative, Behavior, Special ED 504