

**Medford School District 549c
Child Abuse/Neglect Referral Report**

Person initiating a child abuse/neglect referral must:

1. **IMMEDIATELY** report the incident verbally to your principal/supervisor OR the Director of Human Resources, AND the law enforcement agency OR Oregon Department of Human Services, **Oregon Child Abuse Hotline (ORCAH) at 1-855-503-SAFE (7233)**.
2. If a district employee is a suspected abuser, a report must immediately be made to the Oregon Department of Human Services, Child Protective Services division, or the local law enforcement agency, AND to the Medford School District Director of Human Resources.
3. **Send completed referral report form to the Medford School District Director of Human Resources.**

REPORTER: Name _____ School _____ Position _____

INFORMATION GATHERED: Date _____ Time _____

ALLEGED VICTIM: Interpreter Needed Yes No Special Ed Yes No Male Female

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

School _____ Teacher _____ Grade _____

PARENT/GUARDIAN: Last Name _____ First _____ M.I. _____

Address/Zip Code _____ Telephone _____

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

Last Name _____ First _____ M.I. _____ Age _____ Relationship _____

Last Name _____ First _____ M.I. _____ Age _____ Relationship _____

SPECIFIC ALLEGATIONS: Type of abuse physical sexual emotional neglect

Provide a detailed and factual (where, when, people involved, people reporting) account of the suspected abuse, include indicators. Use reverse, if necessary.

ALLEGED ABUSER: Last Name _____ First _____ M.I. _____

Address/Zip Code _____ Telephone _____

Relationship to victim: _____ Does person have continued access to child? Yes No Not Certain

REPORTED TO: (Indicate which person/agency, check all that apply.)

Principal/Supervisor: Name/Title _____ Date _____ Time _____

Human Resource Director: Name/Title _____ Date _____ Time _____

Law Enforcement Agency: Name/Title _____ Date _____ Time _____

Department of Human Services: Name/Title _____ Date _____ Time _____

Law Enforcement/Child Protective Services action at time of report _____

Officer's/Case Worker's Name _____ File/Case # _____ Action Taken _____

Child taken into protective custody? Yes No If Yes, officer/case worker must sign **Child Abuse Investigations Conducted on District Premises** form.

DO NOT FILE IN CHILD'S SCHOOL RECORD - Distribution: Original to Human Resources Department, copies to: employee filing report & school office