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Board of Directors
Kailey Clarno
Luke Martinez
Scott McNair
Nancy Sorensen
Andy Wright, Chair

CONFIDENTIAL
CHILD ABUSE REPORT FORM
CALL 541-756-5600
RECORD OF REPORT

Agency to which the report was made: _____
Employee making the report: _____
Agency Rep taking the report: _____
Date of report: _____ Time: _____

INFORMATION ON VICTIM

Name of Child: _____
Child's Birthdate: _____ Age: _____
Parent or Guardian(s): _____
Address: _____ Phone: _____

Date and time of alleged abuse occurrence: _____

Nature and extent of alleged abuse:-

Identity of alleged perpetrator (if known): _____
Witness(es): _____

Other pertinent information regarding the alleged abuse: _____

Signature of Person Completing This Report

Date

Within 24 Hours of Report:

Scan to Superintendent

Original to Building Administrator

Keep personal copy, if desired

Do Not place in student cumulative folder

