

CHILD ABUSE RECORDING FORM**PHONE OR IN PERSON REPORT IS REQUIRED**

MANDATED REPORTERS ARE REQUIRED TO IMMEDIATELY NOTIFY **DEPARTMENT OF HUMAN SERVICES – CHILD WELFARE PROGRAM** (Child Protective Services) or **LAW ENFORCEMENT, BY TELEPHONE OR IN PERSON** OF ANY SUSPICION OF CHILD ABUSE. (ORS 419B.010) **Completion of this form DOES NOT satisfy the reporting requirement. To use this form, please complete all sections known to you. If information is not known, please indicate “unknown”. Child abuse concerns should be kept confidential. So as to not interfere with a child’s safety, do not notify parents or guardians; that is the responsibility of Law Enforcement or DHS Child Welfare Program.**

REQUIRED**Telephoned DHS-Child Welfare Program**

Date and Time of call to DHS _____

Name of Person talked to at DHS
_____**and/or Telephoned Law Enforcement (LE)**

Law Enforcement Agency: _____

Date and Time of call to LE: _____

Name of Person talked to at LE: _____

DHS Child Welfare Program: 855-503-7233 • Bend Police Dept: 541-388-5550 (after 5PM 541-693-6911) • Deschutes Co. Sheriff's Office: 541-388-6655 (after 5PM 541-693-6911)
Oregon State Police: 541-388-6213 (after 5PM 541-388-6300) • Redmond Police Dept: 541-504-3400 • Sunriver Police Dept: 541-593-1014 • **Emergencies call 9-1-1**

The following is the information you will need when making the verbal report:

Today's date:		School:		Reporter's Name/School or Department/Contact Number:	
Child's Name (Last, First, Middle) Address:		Student ID #	DOB:	Sex:	
Parent's/Guardian's Name (Last, First, Middle)/Address(es):		Phone Number(s):	Sibling(s) other children in home DOB:		
List additional victims/witnesses or others present during disclosure/Address(es) / Phone(s), if known:					
Person(s) who first told you of incident: Name / Address / Phone / Relationship to child:					
Alleged perpetrator(s) Name (Last, First, Middle) / Address, if known:		Location of occurrence(s)	Date(s) occurred:		
BRIEF description of nature and/or extent of the abuse, including any evidence of previous abuse. Include explanation given for the abuse. <u>You must call</u> DHS Child Welfare and/or Law Enforcement with details of concern.					
Bend/La Pine Personnel – Copies of this form go to: 1. Building Principal/Department Supervisor 2. April Jorgenson, Teaching & Learning, 520 NW Wall, Bend, 97703 (Send a confidential hard copy).					