

**CONFIDENTIAL**

**GERVAIS SCHOOL DISTRICT #1  
CHILD ABUSE REPORT FORM**

ORS 418.750 requires that "any public or private official having reasonable cause to believe that any child with whom the official comes in contact has suffered abuse, or that any person with whom the official comes in contact as abused a child shall report or cause a report to be made..." Public officials include all school employees.

**RECORD OF REPORT**

AGENCY TO WHICH THE REPORT IS MADE \_\_\_\_\_

EMPLOYEE MAKING THE REPORT \_\_\_\_\_

PERSON AT AGENCY TAKING THE REPORT \_\_\_\_\_

DATE OF REPORT \_\_\_\_\_ TIME \_\_\_\_\_

DATE FOLLOW-UP REPORT WAS RECEIVED FROM AGENCY \_\_\_\_\_

**INFORMATION ON ABUSE VICTIM**

NAME OF CHILD \_\_\_\_\_

PARENT OR GUARDIAN \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

CHILD'S BIRTHDATE \_\_\_\_\_ AGE \_\_\_\_\_

DATE AND TIME OF ALLEGED ABUSE OCCURRENCE \_\_\_\_\_

NATURE AND EXTENT OF THE ALLEGED ABUSE \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

IDENTITY OF ALLEGED ABUSER (IF KNOWN) \_\_\_\_\_

\_\_\_\_\_

OTHER PERTINENT INFORMATION REGARDING THE ALLEGED ABUSE \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Person Completing This Report

\_\_\_\_\_  
Date

Original Copy to Superintendent

Second Copy to Building Principal

SCF Hotline: 503-378-6704