

Suspected Child Abuse Reporting Form
(DHS Child Abuse Reporting Hotline: (885) 503-7233)

Directions: Please fill out this form and keep a copy for yourself and make a copy to be given to an Admin. to be kept on file in the school office in a confidential, secure location.

Demographic Information

Date: _____ School: _____
Student's Name: _____ Grade: _____ Date of Birth: _____
Parent/Guardian: _____ Phone number: _____
Student's Address: _____
Siblings Name(s) and Date of Birth: _____
Does student have any medical or disabling conditions: (IEP/504/medical?) _____

Information About Incident

Name of Perpetrator (if known): _____ Phone number: _____
Address: _____ Relationship to child _____
Date of Alleged Abuse: _____ Witness(es): _____
Incident (describe; use reverse side if needed): _____

DHS or Law Enforcement Contact

Employee reporting suspected abuse: _____
Agency Notified (check one): Police DHS
Name of DHS /Law Enforcement Person Contacted: _____
Date of call: _____ Time of call: _____
What did the agency say about its likely response and timelines? _____

Continue to Page Two

Eugene School District 4J

Code: JHFE-AR(3)

Revised/Reviewed: 2/10/20

Internal Reporting

Principal/Admin Notified: _____ Date Time: _____

Designated Licensed Administrator Contact: *As required by Board Policy, if suspected abuser is 4J employee, student, volunteer, contractor, licensed designated administrator (HR Director) or alternate (Title IX Coordinator) must be notified.*

Notified (check one): HR Director Title IX Coordinator

This report filled out by: _____

Date: _____ Time: _____

Extra Space for recording incident if needed: