

**ONTARIO SCHOOL DISTRICT  
CONFIDENTIAL CHILD ABUSE / NEGLECT REFERRAL**

ORS 419B.010 requires that "any public or private official having reasonable cause to believe that any child with whom the official comes in contact in an official capacity has suffered abuse, or that any person with whom the official comes in contact in an official capacity has abused a child shall report or cause a report to be made..." **Public officials include ALL school employees.** Report incident **IMMEDIATELY** by telephone to State Office for Services to Children and Families (SCF) at 1-855-503-7233 open 24/7.

**ALLEGED VICTIM**

Interpreter Needed ☐ Yes ☐ No

Disability: \_\_\_\_\_

\_\_\_\_\_  
LAST NAME FIRST MIDDLE AGE DATE OF BIRTH ☐ Female ☐ Male

SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

**PARENT/GUARDIAN**

\_\_\_\_\_  
LAST NAME FIRST ADDRESS HOME PHONE / WORK PHONE

**INFORMATION GATHERED**

Indicate type of suspected abuse: ☐ Physical ☐ Emotional ☐ Sexual ☐ Neglect

☐ Other (Specify) \_\_\_\_\_

Alleged perpetrator information (if known): \_\_\_\_\_

You are encouraged to maintain your own written record of information you obtained regarding this suspected abuse referral.

**INFORMATION GATHERED BY:**

\_\_\_\_\_  
SIGNATURE POSITION DATE / TIME  
(Notification of parent is responsibility of SCF or LEA)

**REPORTED TO:** (Indicate which agency)

**State Office for Services to Children and Families (SCF) Involvement:**

Date \_\_\_\_\_ Time \_\_\_\_\_ Name of Contact \_\_\_\_\_

**Law Enforcement Agency Involvement:**

Date \_\_\_\_\_ Time \_\_\_\_\_ Name of Officer \_\_\_\_\_

**Child taken into protective custody:** ☐ Yes ☐ No

\_\_\_\_\_  
SIGNATURE OF LAW ENFORCEMENT AGENCY/CPS AGENT TAKING CHILD

**Person who made call**

\_\_\_\_\_  
SIGNATURE NAME PRINTED DATE

**Principal**

\_\_\_\_\_  
SIGNATURE DATE

**DO NOT FILE IN CHILD'S SCHOOL RECORD  
Original - Personnel Director**

