



# WEST LINN-WILSONVILLE SCHOOL DISTRICT 3JT

## REPORTING OF SUSPECTED CHILD ABUSE

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Name of the Child: \_\_\_\_\_ Child's Age: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Parent or Guardian of the Child: \_\_\_\_\_

*Please provide an explanation of the nature and extent of the suspected child abuse and any additional information which the person making the report believes might be helpful in establishing the possible cause of the suspected abuse.*

Identity of the possible perpetrator: \_\_\_\_\_

Name of Individual making this report: \_\_\_\_\_ Position: \_\_\_\_\_

Name of witness: \_\_\_\_\_ Position: \_\_\_\_\_

Report was made:  Phone  Email  In Person  Other: \_\_\_\_\_

Name of agency and individual who took the report:

Agency:	Name:
Date Of Report:	Time:

Names of persons who received a copy of the written report:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Submit Report to School Principal**

**Principal: Send Copy to Human Resources per Policy JHFE**