



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 respondent: _____

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