

**Protective Services Referral
Suspected Abuse Reporting Form
855-503-7233 (SAFE), ext 1**

All school employees have a responsibility to report child abuse immediately when there is a reason to believe that a child is being or has been abused/neglected.

School: Holt Elementary School

Today's Date: _____

Date of call: _____

Time of Call: _____

Intake Worker's Name/Contact Information _____

Child's Name _____ Sex _____ DOB _____

Grade: _____

Child's Address _____

Guardian/Parent Name(s) _____

Guardian/Parent Address (if different) _____

Home Phone _____

Cell Phone _____ for _____

Work Phone _____ for _____

Other Children in the home

_____ DOB _____ _____ DOB _____

_____ DOB _____ _____ DOB _____

Referring Individual

Name _____ Position _____

Briefly describe the concern:

The party making the referral must: (mark off who contacted/as completed)

- ☐ Call Department of Human Services at 855-503-7233 (SAFE), ext 1
- ☐ Other contacts: Eugene Police Dept/Lane County Sheriff Dept
- ☐ Complete signatures at the bottom of this form.
- ☐ Update/inform administrators if additional follow-up has been completed

School Principal

Date

School Employee

Date

**The written record of the child abuse report shall not be placed in the student's educational record. A copy of the written report shall be retained by the employee making the report and a copy shall be provided to the employee's supervisor, administrator, or Human Resources Director.*

<http://www.oregon.gov/DHS/CHILDREN/CHILD-ABUSE/Pages/index.aspx>

File copy with Principal