CROOK COUNTY SCHOOL DISTRICT
CHILD ABUSE / NEGLECT REFERRAL

Person initiating this referral must: Report incident immediately by telephone to law enforcement agency (LEA) or Department of Human Services (DHS) at 541-693-2854; (FAX) 541-693-8999

ALLEGED VICTIM: Interpreter Needed __ Yes __ No **Disability:** _____

_____ ____ _____ __ Male __Female

LAST NAME FIRST M.I. AGE DATE OF BIRTH

SCHOOL _____ **GRADE** _____

PARENT/GUARDIAN: _____ **PHONE** _____

LAST NAME FIRST M.I.

ADDRESS / CITY / ZIP: _____

INFORMATION GATHERED: **Be as detailed and factual as possible without soliciting further information. Include what was said regarding where, when, people involved, people reporting and relationship to victim. Note type of abuse (physical, sexual, emotional neglect) and indicators (use reverse side if necessary).**

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(Notification of parent is responsibility of DHS or LEA)

REPORTED TO: (Indicate which agency)

Local Office for Services to Department of Human Services (DHS) Involvement:

Date _____ **Time** _____

Name of Contact at DHS _____

Law Enforcement Agency (LEA) Involvement (if known): _____

Date _____ **Time** _____

Agency Response (if known) _____

Signature of LEA/DHS Agent, if child taken into Protective Custody _____

INFORMATION GATHERED BY AND MADE CALL

Person who gathered information and made call (signature): _____ **Date:** _____ **Time:** _____

Administrator / Supervisor (Signature) _____ **Date:** _____ **Time:** _____

DO NOT FILE IN CHILD'S SCHOOL RECORD

Copy of Report to Superintendent's Office