

**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 855-503-7233; (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).

(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