

Department of Human Services/Children's Services Division  
Report Form  
541-757-5019  
Toll Free 1-866-303-4643

Reporter's Name:\_\_\_\_\_Date:\_\_\_\_\_Time:\_\_\_\_\_

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This report concerns the following children:

Name	Age/DOB	Gender	School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Address of child(ren):\_\_\_\_\_

Phone number: \_\_\_\_\_

Other family members: (parents, guardians, adults living in home and other children in the family)

Name/Relationship	Age	Address	Phone
_____	_____	_____	_____
_____	_____	_____	_____

Others who may have information: (school counselor, teachers, doctor, relatives, friends, neighbors, etc)

Name/Relationship	Address	Phone
_____	_____	_____
_____	_____	_____

(Complete back side)

**Summarize the Nature of the Concern/Report:**

List the most important details first, and *be specific*. Give a brief description of injury/conditions/reasons for concerns:

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Is there documented history of reports regarding this student?      Yes \_\_\_\_\_ No \_\_\_\_\_ Unknown \_\_\_\_\_

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Person making report: \_\_\_\_\_

Oral report made to principal/designee: Date \_\_\_\_\_ Time \_\_\_\_\_

Oral report made to agency: \_\_\_\_\_

Person contacted: \_\_\_\_\_

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

Written report to: \_\_\_\_\_

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Action taken: \_\_\_\_\_

Copies to: Principal, Counselor, and Adult's personal file.

If IEP, give a copy to the specialist for child's working file.

(NOT TO BE PLACED IN THE CHILD'S PERSONAL FILE)