CHILD ABUSE REPORT FORM
Colton School District
Clackamas Department of Human Services
Phone: M-F (8:00-5:00 PM) 971-673-7112

Date: _____ Time: _____ Intake Worker: _____

School / Location: _____

Name of Child: _____Date of Birth: _____

Parents: Mother_____ Phone: _____Work: _____

Father _____ Phone: _____Work: _____

Address: _____

Describe Incident:

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Person Filing Report: _____Position: _____

_____Check Copy to Superintendent