

**UMATILLA MORROW HEAD START  
SUSPECTED CHILD ABUSE REPORTING FORM**

(After making mandatory report by telephone, reporting staff member completes this form in full.)

County DHS Office Phone Numbers for Reporting Suspected Child Abuse					
<b>Umatilla</b>	1-800-547-3897	<b>Morrow</b>	481-9482	<b>Wheeler &amp; Gilliam</b>	384-4252
<b>Wallowa</b>	426-4558	<b>Grant</b>	575-0728	<b>Sherman</b>	298-5136

Reports of suspected child abuse can be made to all local and county law enforcement offices

**Child and Family Information**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  M  F  
 Child Living with: (name) \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: Home: \_\_\_\_\_ Work \_\_\_\_\_

**Disclosure**

Date of Disclosure: \_\_\_\_\_ Time: \_\_\_\_\_  AM  PM  
 Where Disclosure Made: \_\_\_\_\_  
 Nature of suspected Abuse:  Neglect  Physical  Sexual  Emotional  Other \_\_\_\_\_  
 Describe suspected abuse (Complete page 2 if needed) \_\_\_\_\_  
 \_\_\_\_\_  
 Other Information that might be helpful: \_\_\_\_\_  
 \_\_\_\_\_  
 Report Discussed with Parent/Guardian  Yes  No Remarks \_\_\_\_\_  
 \_\_\_\_\_

**UMCHS Information**

UMCHS Staff making report \_\_\_\_\_ Date of Report \_\_\_\_\_  
 UMCHS Center/Office \_\_\_\_\_ Phone \_\_\_\_\_  
 Name of person (DHS or Law Enforcement) taking telephone report \_\_\_\_\_

**DHS Information**

Accepted for assessment  Yes  No Date \_\_\_\_\_ Date Assessment Completed \_\_\_\_\_  
 Assigned to staff for continued service  Yes  No Staff \_\_\_\_\_  
 Follow-up Recommendations \_\_\_\_\_  
 \_\_\_\_\_  
 DHS Staff Completing Form \_\_\_\_\_ Date \_\_\_\_\_

UMCHS - Send original to DHS office, copy in child's file, and copy to Mental Health Services Director  
 DHS - Return completed copy to UMCHS, 110 NE Fourth, Hermiston, OR 97838 Attn: Mental Health Services Director

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Child's Name _____	Date of Birth _____	<input type="checkbox"/> M	<input type="checkbox"/> F	
UMCHS staff making report _____	Date of Report _____			

**Instructions:** Indicate on diagram below the location, extent, type, etc. of abuse observed. This page is completed when physical marks, bruises, etc. are observed.

