



Patron Abuse Report

Date: _____

Time: _____

PATRON INFORMATION:

Patron Name: _____ DOB: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: () _____

PARENT(S)/GUARDIAN(S) INFORMATION:

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: () _____

ALLEGED PERPETRATOR(S) INFORMATION:

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: () _____

NATURE OF CONCERN:

Brief description of incident and/concern? (Facts only. If injury occurred, specific details about injury.):

POTENTIAL WITNESSES:

Name: _____ Phone: () _____

Name: _____ Phone: () _____

ACTIONS TAKEN BY STAFF:

Called Child Welfare (541.693.2700): Called Deschutes County Sheriff's Department (541.388.655):
Called Senior Services (541.541.2206):

Person talked to: _____

Brief description of phone call: _____

MORE INFORMATION ON BACK OF FORM

