



Dharma Rain
Zen Center

dharma-rain.org

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Suspected Abuse or Neglect Report Form

Reporting party

Date and time of report: _____

Name: _____ Phone: _____

Suspected victim

Name: _____ Age or DOB: _____

Address: _____

Telephone: _____

Suspected abuser

Name: _____ Age or DOB: _____

Relationship to Victim: _____

Address: _____

Telephone: _____

Incident information

Date and time of Incident: _____

Place of Incident: _____

Narrative description of what you heard or observed that led you to believe that a vulnerable person has been abused or neglected. Describe the nature and extent of the alleged abuse or neglect, evidence of previous mistreatment, and explanation given for the mistreatment:

Suspected abuse or neglect report made to

Local Law Enforcement

Portland Police Bureau & Multnomah County Sheriff: 503-823-3333

Date and time: _____ Name of Contact: _____

Department of Human Services

Child Abuse Hotline: 503-731-3100

Date and time: _____ Name of Contact: _____

Distribution

The following parties will receive a copy of this report form:

☒ Board of Directors ☒ Safe Environment Committee ☐ Dharma School Director

☐ Other Parties:

Form completed by: _____ Date: _____