

CONFIDENTIAL REPORT OF SUSPECTED MALTREATMENT

Roseville Area Schools
1251 County Road B-2 W
Roseville, MN 55113

School: _____
 Principal: _____
 Date: _____

☐ Suspected Child Abuse/Neglect

☐ Suspected Vulnerable Adult Abuse/Neglect

I. LEARNER IDENTIFYING INFORMATION

II. REPORTER (Name) _____

Name _____

Position _____

DOB _____

School _____

SpEd Yes ___ No ___ Disability _____

Address _____

Grade _____ Gender _____

Telephone _____

Parent/Guardian _____
 (Circle One) (Name) (Address) (Telephone)

Is the child or anyone in the family of American Indian or Alaskan heritage? ☐ Yes ☐ No
 If yes, which family member? _____

III. REASON FOR REPORT (Include dates, times, circumstances, observations of marks/injuries, others observing maltreatment, statements and reactions of learner. Include full name(s) race, DOB, school and daycare of children).

SEE ATTACHED REPORT DATED: _____

Where is the child(ren) now? _____

Do the parent/guardian(s) know about the report? ☐ Yes ☐ No

IV. ALLEGED OFFENDER Name _____ Title _____

Address _____ Phone _____

V. ORAL REPORT TO _____

(Name) (Organization) (Police Case No.)
 Date of Oral Report: _____ Time: _____

VI. PREVIOUS REPORTS ☐ Yes ☐ No ☐ Don't KnowVII. TYPE OF MALTREATMENT ☐ Educational ☐ Neglect ☐ Physical ☐ Sexual ☐ Other

VIII. RELATIONSHIP OF ALLEGED OFFENDER TO THE LEARNER _____

IX. SIGNATURE OF REPORTER _____

Original: County Child Protection, Local Law Enforcement, Copy to Director Student Services,
 MN Department of Education (Circle One)