

SUSPECTED CHILD MALTREATMENT REPORTING FORM

DATE: OF INCIDENT: _____ SUSPECTED: ___ *Physical Abuse* ___ *Sexual Abuse* ___ *Neglect* ___ *Other* ___

REPORT BY: _____ AGENCY: _____ DATE: _____

ADDRESS: _____ ZIP CODE: _____

TELEPHONE: _____ FAX: _____

RELATIONSHIP TO FAMILY: _____

NATURE OF THE PROBLEM (INCLUDING VICTIM'S NAME (S), INJURIES, AND LOCATION WHERE INCIDENT OCCURRED)

(CONTINUE ON NEXT PAGE)

Where is the child (ren) now: _____ Do the parents know about the report? ___ Yes ___ No

Who else did you contact: _____ Others with information: _____

FAMILY INFORMATION: _____ MOTHER _____ FATHER _____

NAME/DOB: _____

ADDRESS: _____

CITY AND HOME PHONE: _____

WORK /CELL PHONE: _____

CUSTODIAL PARENT (if known): _____

Is the child or anyone in the family of American Indian or Alaskan heritage? Yes No

If yes, which family member? _____

FULL NAMES OF CHILDREN RACE/DOB SCHOOL/DAYCARE

1. _____

2. _____

3. _____

4. _____

5. _____

PHONED REPORT TO: _____ DATE: _____

TO SEND :

Roseau County Social Services
Attn: Child Protection Intake
208 6th Street SW
Roseau MN 56751
Phone: (218) 463-2411
Fax: (218) 463-3872