

INDEPENDENT SCHOOL DISTRICT 196  
 Rosemount-Apple Valley-Eagan Public Schools  
*Educating our students to reach their full potential*

Series Number 506.4.1P Adopted April 2011 Revised April 2016

Title **Suspected Child Maltreatment Reporting Form – Dakota County**

MINNESOTA STATUTES SECTION 626.556: A person who knows or has reason to believe a child has been neglected or physically or sexually abused shall make an oral report IMMEDIATELY by phone to be followed within 72 hours, exclusive of weekends and holidays, by a report in writing. Please fill out form as completely as possible.

Date of Incident \_\_\_\_\_ Suspected Maltreatment:     Physical Abuse     Sexual Abuse     Neglect  
 Threatened Injury     Mental Injury     Prenatal Exposure     Other: \_\_\_\_\_

Reporter's Information:

Reported by \_\_\_\_\_ Agency \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Relationship to the family \_\_\_\_\_

Nature of the problem (including victim's name, injuries and location where incident occurred):
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Where is the child(ren) now? \_\_\_\_\_ Caretaker(s) aware of the complaint?  Yes  
 No

Who else did you contact? \_\_\_\_\_

Others with information \_\_\_\_\_

Parent(s)/Guardian(s)	Gender <input type="checkbox"/> M <input type="checkbox"/> F	DOB	Gender <input type="checkbox"/> M <input type="checkbox"/> F	DOB
Name(s) _____	_____	_____	_____	_____
Address _____	_____	_____	_____	_____
Home Phone _____	_____	_____	_____	_____
Employment _____	_____	_____	_____	_____
Work/Cell Phone _____	_____	_____	_____	_____
Other Names Known By _____	_____	_____	_____	_____
Previous Spouse _____	_____	_____	_____	_____

Full Names of Children

<u>Name</u>	<u>Gender</u>	<u>D.O.B.</u>	<u>School Attending</u>
_____	Male/Female	_____	_____
_____	Male/Female	_____	_____
_____	Male/Female	_____	_____

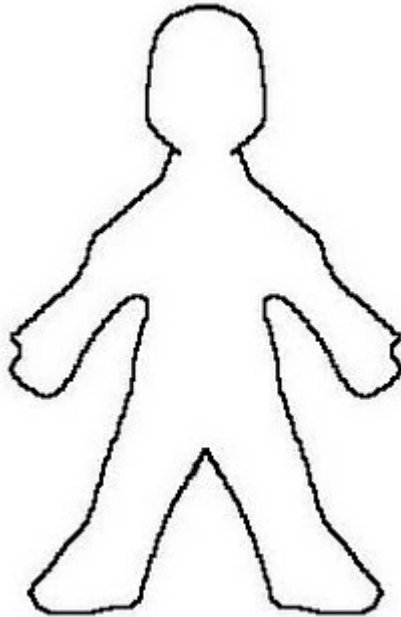
Made Oral Report to \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

**OVER**

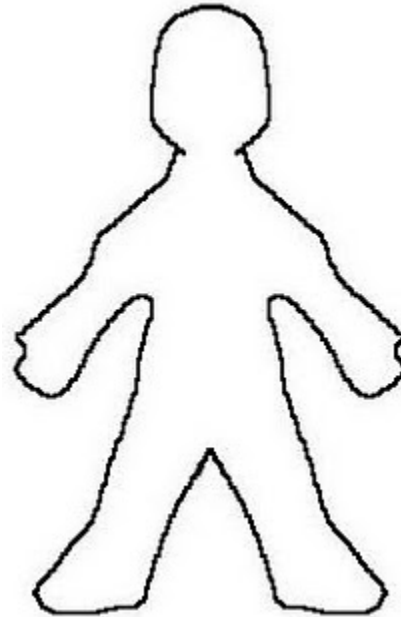
**Draw in the location of the maltreatment if applicable**

Please use the space provided below to complete your report

(front)



(back)



<b>If the report is for:</b>	
Suspected <b>abuse or neglect</b> that <b>does</b> involve school personnel as the alleged offender	See Procedure 506.4.2P, Maltreatment of Students Reporting Form - MDE
Suspected <b>abuse or neglect</b> that <b>does not</b> involve school personnel as the alleged offender	Send this form to: Dakota County Social Services, Child Protection Intake Phone: 952-891-7459 Fax: 952-891-7192 <b>OR TO:</b> Local law enforcement agency
Suspected <b>kidnapping or depriving another of custodial or parental rights</b>	Send this form to: Local law enforcement department <b>OR</b> Dakota County sheriff
<b>Child's death a result of neglect or physical or sexual abuse</b>	Send this form to: medical examiner <b>OR</b> coroner

**Copy to:**

School Confidential File, Suspected Maltreatment of a Minor