

CONFIDENTIAL INFORMATION

PROCTOR PUBLIC SCHOOLS REPORT OF CHILD MALTREATMENT

NOTE: This form shall be completed by any school employee suspecting abuse of a child and submitted to the Initial Intervention Unit of the St. Louis County Social Service Department.

I. CHILD - IDENTIFYING INFORMATION:

Name of Child: _____ Age/DOB: _____

Address: _____ Phone: _____

PARENT OR GUARDIAN:

Name of Mother: _____ Address: _____

Name of Father: _____ Address: _____

II. PERSON BELIEVED RESPONSIBLE FOR ABUSE/NEGLECT:

Name: _____ Address: _____

III. NATURE AND EXTENT OF ABUSE OR NEGLECT:

IV. NAME AND ADDRESS OF REPORTER:

Name: _____ Address: _____

Telephone: _____

Signature: _____

Mail original copy of report to:

**INITIAL INTERVENTION UNIT
Public Health & Human Service Duluth
Room 104, Government Services Center
320 W. Second Street
Duluth, MN 55802-1495
Telephone (218)726-2012**

Copy of report to building principal.

Form 414F.1 6/26/23