

HUMAN SERVICES

REPORT OF SUSPECTED CHILD MALTREATMENT

Pope, Grant and Traverse: intake@wphsmn.gov
Call either number and ask for Intake: 320-634-7755 or 218-685-8200

Mandated reporters must submit written report within 72 hours of verbal report

MINNESOTA STATUTE 260E: 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 this form as completely as possible.

1. Reporter Information:

Name: _____ Title/Agency: _____
Agency Address: _____
Phone: _____ Email: _____

2. Type of Suspected Child Maltreatment

Neglect Physical Sexual Emotional Threatened Injury Prenatal Exposure

3. Alleged Victim(s):

Child Name: _____ DOB: _____ Gender: _____
Ethnicity/Tribal Affiliation: _____ Special Needs: _____

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4. Caregiver Information:

Custodial Parent/Guardian Name: _____ DOB/Age: _____
Address: _____ Phone: _____
Email: _____ Relationship to Child: _____
Ethnicity/Tribal Affiliation: _____

Other Parent/Guardian: _____ DOB/Age: _____
Address: _____ Phone: _____
Email: _____ Relationship to Child: _____
Ethnicity/Tribal Affiliation: _____ Custody info: _____

Names/Ages/Relationships of others in the household:



5. Alleged Perpetrator #1: Name:

DOB/Age:

Phone:

Address:

Email:

Relationship to Victim:

Physical Description:

Alleged Perpetrator #2 Name:

DOB/Age:

Phone:

Address:

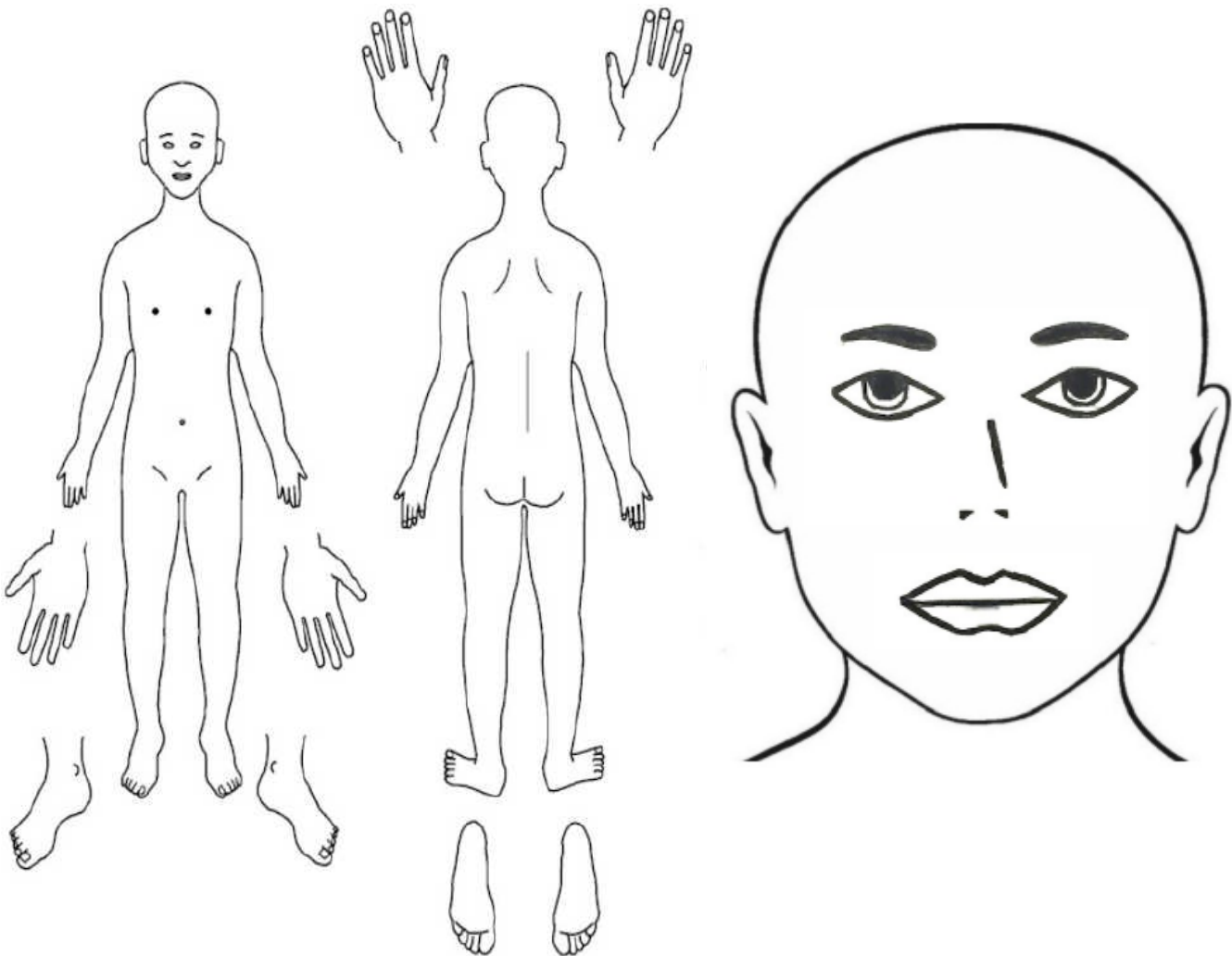
Email:

Relationship to Victim:

Physical Description:

Additional Alleged Perpetrators or additional information regarding Alleged Perpetrators:

Use Diagrams to indicate location(s) of injuries/bruises/marks, if applicable:



6. Description of incident: Please be as specific as possible, including dates, times of incidents, size and location of any current or previous injury. As many facts as possible: who, what, when, where and how of the situation.

Date/Time/Location of incident/Last Incident:

Complete Report on next page

Continue 

Please include as much detail as possible when describing the incident or concern(s):

7. Please provide any other information available to you that would assist in establishing the facts including the names, role and phone numbers of others with first-hand information about the suspected abuse or neglect:



8. Has anyone discuss these or other concerns with the parents? YES NO
 The outcome of discussion:
9. Are parents aware that a child maltreatment report has been made? YES NO
10. Known or potential safety risks to worker (dogs, guns): YES NO UNKNOWN

11. What are the stressors possibly impacting this situation? (e.g. work, financial, medical, marital issues, domestic violence, substance abuse, poverty, cognitive or mental health problems)

12. What are the strengths/resources available to this child/family? (e.g. supportive extended family, medical insurance, talents, transportation, attitude, employment, housing)

13. Are you a Mandated Reporter? NO YES **If yes, written & verbal report required**
 Oral report made to at Social Services or Law Enforcement at:
 (Date & Time) AM PM

Signature or Electronic Signature /s/ of Reporter

Date

Contact Information

Intake@wphsmn.gov

Call either Number and ask for Intake: (320)634-7755 or (218)685-8200

Fax #: (320)634-0164 or (218)685-4978



Target Conditions, Not Families

Your Concerns for the safety and welfare of children is appreciated



When in doubt, report.