

HUMAN SERVICES

REPORT OF SUSPECTED CHILD MALTREATMENT

Pope, Grant and Traverse: intake@westernprairiemn.us
Toll Free: 1-800-291-2827

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

Pursuant to Minnesota Statute 626.556, Subd. 3, Subd. 7, this is a written report regarding maltreatment of the child (ren) listed in this report. Pursuant to Minnesota Statute 626.556, Subd. 4, I understand that I am immune from civil or criminal liability if I am acting in good faith when reporting maltreatment as a mandated reporter. I also understand that copies of this report are considered confidential pursuant to Minnesota Statute 13.

1. Reporter Information:

Name: _____ Title/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: _____

Non-custodial Parent/Guardian: _____ DOB/Age: _____
Address: _____ Phone: _____
Email: _____ Relationship to Child: _____
Ethnicity/Tribal Affiliation: _____

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:

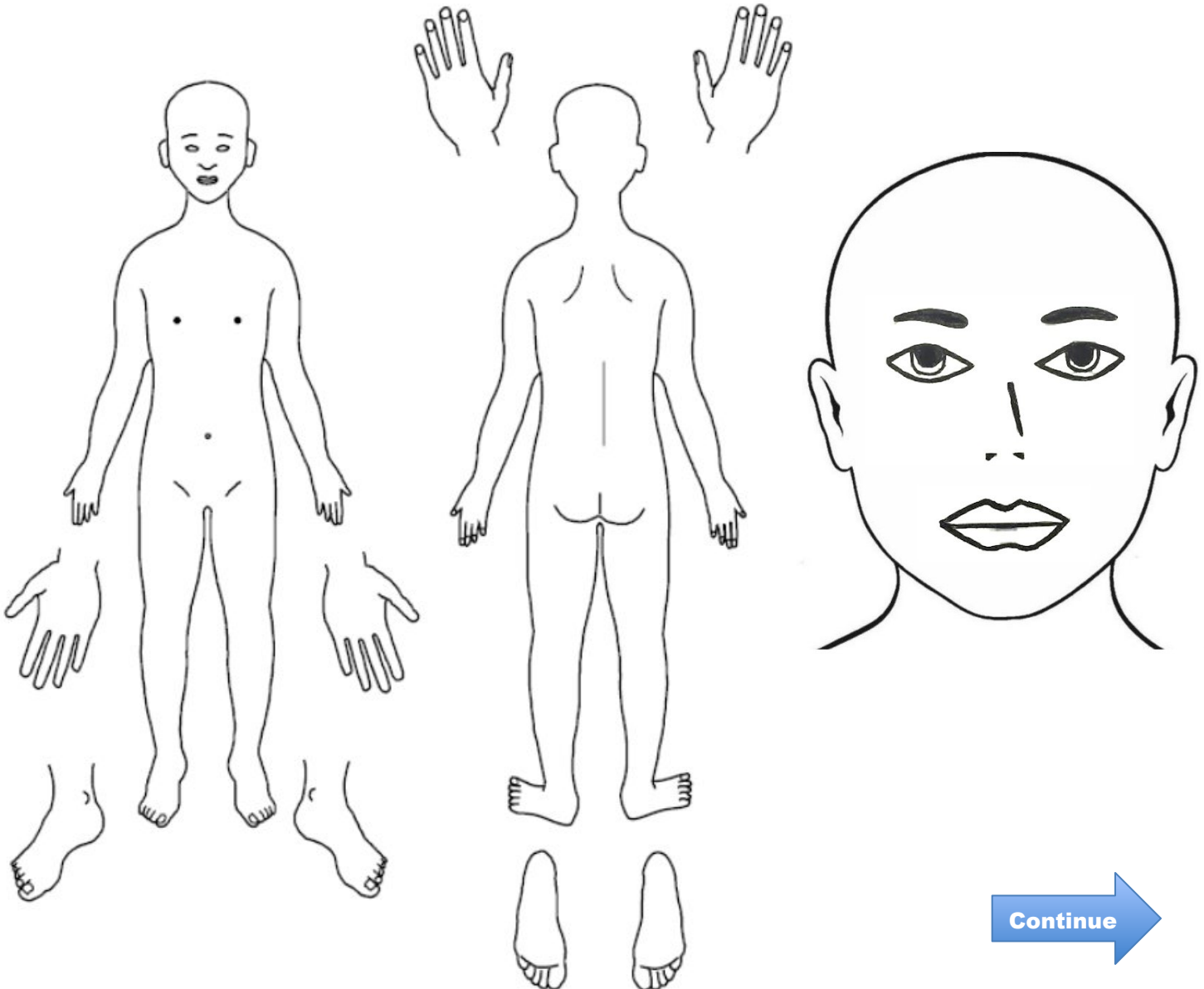
Physical Description:

Additional Alleged Perpetrators or additional information regarding Alleged Perpetrators:

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:

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



Incident:

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

Pope, Grant, Traverse

intake@westernprairiemn.us

1-800-291-2827

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



Target Conditions, Not Families

Your Concern the safety and welfare of children is appreciated



When in doubt, report.