

KANABEC COUNTY FAMILY SERVICES
SUSPECTED CHILD MALTREATMENT REPORT

Minnesota Statutes Section 626.556, Subdivision 7: "Any professional who has knowledge of or reasonable cause to believe a child is being neglected or physically or sexually abused shall make an oral report immediately by phone to be followed as soon as possible by a report in writing."

Date Suspected Incident Occurred: _____

Suspected: Physical Abuse Sexual Abuse Neglect

To Whom Suspected Maltreatment Reported (please check all that apply):

Child Protection Services – 320-679-6350, Fax 320-679-6351 Sheriff's Office

Name of CP Intake/Screeners: _____ *Date Report Made:* _____

REPORTING SOURCE

Name of Reporter: _____ Phone: _____

Address: _____

Agency/School of Reporter: _____ Relationship to Victim: _____

E-mail Address: _____

ALLEGED VICTIM

Name of Victim: _____ DOB: _____ Male Female

Home Address: _____

Phone: _____ Ethnicity: _____ Primary Language: _____

Child's School & Grade: _____

Child lives primarily with: _____

ALLEGED OFFENDER

Name of Offender: _____ DOB/Age: _____ Male Female

Address: _____

Cell/Home Phone: _____ Work Phone: _____

Offender Relationship to Family or Victim: _____

FAMILY

	Address	Home/Cell Phone	Work Phone
Father			
Mother			

Sibling Name	DOB or Age	Address

ALLEGED MALTREATMENT

(attach additional page if needed)

Possible witnesses/other's who may have knowledge of maltreatment: _____

Phone Number: _____

PHYSICAL/EMOTIONAL STATE OF CHILD

(attach observations of both verbal/nonverbal communications)

Do the parents know the report was made? Yes No

Print Name _____

Signature _____ Date of Report _____

In accordance with M.S. 626.556 subdivision 7, written reports received by Child Protection will be forwarded to the local Sheriff's Office.

For additional forms or other questions, please call Kanabec County Family Services at 320-679-6350.