

**WRITTEN FOLLOW-UP  
OF CHILD PROTECTION REPORT**

**For Mandatory Reporters**

This form is to be submitted within 72 hours after a verbal report of suspected abuse/neglect as required by Minnesota Statute 626.556.

(Please Print)

<b>A. CHILD(REN)</b>		
<b>Name</b>	<b>Age</b>	<b>Date of Birth</b>

<b>B. CUSTODIAL PARENT(S)</b>		
Name: _____	Age: _____	DOB: _____
Address: _____		
Phone: _____		
<b>NON-CUSTODIAL PARENT</b>		
Name: _____	Age: _____	DOB: _____
Address: _____		
Phone: _____		

<b>C. NATURE OF ABUSE/NEGLECT (What was seen, heard, when, alleged perpetrator)</b>

**D. REPORTER \***

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Mandated Reporter Status: \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**E. SUBMIT FORM TO:**

McLeod Social Service Center  
Health and Human Services Building  
1805 Ford Avenue North, Suite 100  
Glencoe, MN 55336

Phone: 320-864-3144-Glencoe  
320-484-4330-Hutchinson  
1-800-247-1756-Toll Free

Fax: 320-864-1212

\* Mandated reporters may be called as witnesses by the County Attorney's Office.