



City

Hennepin County Human Services and Public Health Department

Child Protection Screening MC L965 - Health Services Building 525 Portland Avenue South Minneapolis, MN 55415-1569

SUSPECTED CHILD MALTREATMENT REPORT

Child Protection Information

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." Instructions: 1. Please call Child Protection Services: (612) 348-3552 press 1 to make an oral report. 2. Complete the Suspected Child Maltreatment Report and fax to (612) 466-9581. Date Reported Incident Occurred | Today's Date Child Protection Intake SW taking report

Reporting Source (name of person completing form)								
Name of Reporter	Relationship to Victim	Relationship to Victim						
Employer Name	Phone Number	Fax Number						
Employer Address								
City	State	ZIP Code						
Alleged Victim								
Name of Child	Birthdate	Gender						
		Male Female						
Home Address								

ZIP Code City State Phone Number Race If Native American, tribal affiliation? Child's School Language Interpreter needed Child lives with If Other, relationship to the child Address, if other than home address

State

ZIP Code



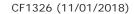
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Alleged Offender

Name of Alleged Offender		Birthdate or Age		Gender			
						Male	Female
Address							
City				State	ZII	P Code	
Home Phone	Work Phone			Cell Phone			
Offender Relationship to Family or Child							
Family							
Mother							
Name of Mother				Birthdate or Age			
Address							
City				State	ZII	P Code	
Home Phone	Work Phone			Cell Phone			
Father							
Name of Father		Birthdate or Age	!	Name	of ch	ild	
Address							
City				State	ZII	P Code	
Home Phone	Work Phone			Cell Phone			
Other Adult in Home							
Name of Other Adult in Home		Relationship		Birthdat	e or	Age	
Address							





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City		State	ZIP Code
Home Phone	Work Phone	Cell Phone	
Sibling Information			
Name of Sibling		Ві	rthdate or Age
Address			
City		State	ZIP Code
School	Race	If Native America	nn, tribal affiliation?
Alleged Maltreatme	nt		



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Additional Information

Cultural Considerations	
Family Strengths	
Child Vulnerabilities	
Other Considerations	
Signature	
Print Name	
Signature	Date