



Hennepin County
 Human Services and Public Health Department
Child Protection Screening
 MC L965 - Health Services Building
 525 Portland Avenue South
 Minneapolis, MN 55415-1569



CF1326 (11/01/2018)

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	
Employer Name		Phone Number	Fax Number
Employer Address			
City	State	ZIP Code	

Alleged Victim

Name of Child		Birthdate	Gender
			<input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address			
City	State	ZIP Code	
Phone Number	Race	If Native American, tribal affiliation?	
Language	Child's School		
<input type="checkbox"/> Interpreter needed			
Child lives with		If Other, relationship to the child	
<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Both parents	<input type="checkbox"/> Other
Address, if other than home address			
City	State	ZIP Code	



SUSPECTED CHILD MALTREATMENT REPORT

Alleged Offender

Name of Alleged Offender		Birthdate or Age	Gender
			<input type="checkbox"/> Male <input type="checkbox"/> Female
Address			
City		State	ZIP Code
Home Phone	Work Phone	Cell Phone	
Offender Relationship to Family or Child			

Family

Mother			
Name of Mother		Birthdate or Age	
Address			
City		State	ZIP Code
Home Phone	Work Phone	Cell Phone	
Father			
Name of Father		Birthdate or Age	Name of child
Address			
City		State	ZIP Code
Home Phone	Work Phone	Cell Phone	
Other Adult in Home			
Name of Other Adult in Home		Relationship	Birthdate or Age
Address			



SUSPECTED CHILD MALTREATMENT REPORT

City	State	ZIP Code
Home Phone	Work Phone	Cell Phone
Sibling Information		
Name of Sibling	Birthdate or Age	
Address		
City	State	ZIP Code
School	Race	If Native American, tribal affiliation?

Alleged Maltreatment



SUSPECTED CHILD MALTREATMENT REPORT

Additional Information

Cultural Considerations

Family Strengths

Child Vulnerabilities

Other Considerations

Signature

Print Name

Signature

Date