



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

All Fields/Sections marked with an asterisk (*) are required.

Please call Child Protection Services at (612) 348-3552. Press 1 to consult with intake staff or Press 2 to make an oral report. This report may also be faxed digitally to (612) 466-9581 or analog to (612) 330-2302.

Minnesota Statutes Section 260E.06, Subdivision 1. (a) A person who knows or has reason to believe a child is being maltreated, as defined in section 260E.03, or has been maltreated within the preceding three years shall immediately report the information to the local welfare agency, agency responsible for assessing or investigating the report.

* Date Reported Incident Occurred	* Today's Date	Child Protection Intake SW Taking Report
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Reporting Source (name of person completing form)

The Reporter is: A Mandated Reporter Not a Mandated Reporter

* First Name of Reporter _____ * Last Name of Reporter _____

* Reporter Email Address _____ Reporter Relationship to Victim _____

* Reporter Agency / School of Reporter _____ * Phone Number _____ Fax Number _____

* Reporter Agency Address _____ Agency Address Line 2 _____

* City _____ State MN * ZIP Code _____

Alleged Victim

1. Name of Child _____

Birthdate _____ Age _____ Gender Assigned at Birth
 Male Female

* Home Address Line 1 _____ Home Address Line 2 _____

* City _____ State MN ZIP Code _____

Phone Number _____ Language _____ Interpreter needed

Race American Indian or Alaska Native Asian Black or African American
 Caucasian Pacific Islander Unable to Determine

Hispanic Heritage Yes No Unknown

Child's School _____



SUSPECTED CHILD MALTREATMENT REPORT

Child Lives With Mother Father Both Parents Other

Alleged Offender

1. Name of Alleged Offender

Birthdate _____ Age _____ Gender Assigned at Birth
 Male Female

Home Address Line 2 _____ Home Address Line 2 _____

City _____ State _____ ZIP Code _____
 MN

Home Phone _____ Work Phone _____ Cell Phone _____

Alleged Offender's Relationship to Family or Child

Family

Mother

Name of Mother

Birthdate _____ Age _____

Address Line 1 _____ Address Line 2 _____

City _____ State _____ ZIP Code _____
 MN

Home Phone _____ Work Phone _____ Cell Phone _____

Father

1. Name of Father

Birthdate _____ Age _____ Name of Child the Father of _____

Address Line 1 _____ Address Line 2 _____

City _____ State _____ ZIP Code _____
 MN



SUSPECTED CHILD MALTREATMENT REPORT

Family Strengths

Child Vulnerabilities

Other Considerations

Signature

Printed Name



Signature

Date