



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 Protective Services Phone: 218-927-7200, Fax: 218-927-7210, Email: child.protection@co.aitkin.mn.us
 Sheriff's Office
Name of CP Intake/Screenener: _____ Date Report Made: _____

REPORTING SOURCE

Name of Reporter: _____ Phone: _____
Address: _____
Agency/School of Reporter: _____ Relationship to Victim: _____
E-mail Address: _____

ALLEGED VICTIM(S)

Name of Victim: _____ DOB: _____ Male Female
Home Address: _____
Phone: _____ Ethnicity: _____ Tribe (if applicable): _____
Child's School & Grade: _____
Child lives primarily with: _____

Name of Victim: _____ DOB: _____ Male Female
Home Address: _____
Phone: _____ Ethnicity: _____ Tribe (if applicable): _____
Child's School & Grade: _____
Child lives primarily with: _____

ALLEDGED VICTIM(S) CONT.

Name of Victim: _____ DOB: _____ Male Female

Home Address: _____

Phone: _____ Ethnicity: _____ Tribe (if applicable): _____

Child's School & Grade: _____

Child lives primarily with: _____

ALLEDGED OFFENDER

Name of Offender: _____ DOB: _____ Male Female

Address: _____

Cell/Home Phone: _____ Work Phone: _____

Offender Relationship to Family or Victim: _____

FAMILY

	Name	Address	Home/Cell Phone	Work Phone
Father				
Mother				

Siblings	Sex Victim				Birthdate or Age	Address
	M	F	Y	N		

ALLEGED MALTREATMENT

(attach additional page if needed)

Possible witnesses/others who may have knowledge of maltreatment: _____

Phone Number: _____

PHYSICAL/EMOTIONAL STATE OF CHILD

(attach observations of both verbal/nonverbal communications)

OTHER RELEVANT INFORMATION

Do the parents know the report was made? Yes No

Print Name: _____

Signature: _____ Date of Report: _____

*** Please call/contact the intake social worker to be sure this report is received. 218-927-7200 ***

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