

GRANT COUNTY SOCIAL SERVICES

REPORT OF SUSPECTED CHILD MALTREATMENT

Fax to 218-685-4978 Attn: Intake or email to intake@co.grant.mn.us

Mandated reporters must submit written report within 72 hours of verbal report

Pursuant to Minnesota Statute 626.556, Subd. 3, Subd. 7, this is a written report regarding maltreatment of the child (ren) listed in this report. Pursuant to Minnesota Statute 626.556, Subd. 4, I understand that I am immune from civil or criminal liability if I am acting in good faith when reporting maltreatment as a mandated reporter. I also understand that copies of this report are considered confidential pursuant to Minnesota Statute 13.

1. Reporter Information:

Name: _____ Title/Agency: _____
Address: _____
Phone: _____ Email: _____

2. Type of Suspected Child Maltreatment

Neglect Sexual Emotional Threatened Injury Prenatal Exposure

3. Alleged Victim(s):

Child Name: _____ DOB: _____ Gender: _____
Ethnicity/Tribal Affiliation: _____ Special Needs: _____

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4. Caregiver Information:

Custodial Parent/Guardian Name: _____ DOB/Age: _____
Address: _____ Phone: _____
Email: _____ Relationship to Child: _____
Ethnicity/Tribal Affiliation: _____

Non-custodial Parent/Guardian: _____ DOB/Age: _____
Address: _____ Phone: _____
Email: _____ Relationship to Child: _____
Ethnicity/Tribal Affiliation: _____

Names/Ages/Relationships of others in the household:



5. Alleged Perpetrator #1: Name:

DOB/Age:

Phone:

Address:

Email:

Relationship to Victim:

Physical Description:

Alleged Perpetrator #2 Name:

DOB/Age:

Phone:

Address:

Email:

Relationship to Victim:

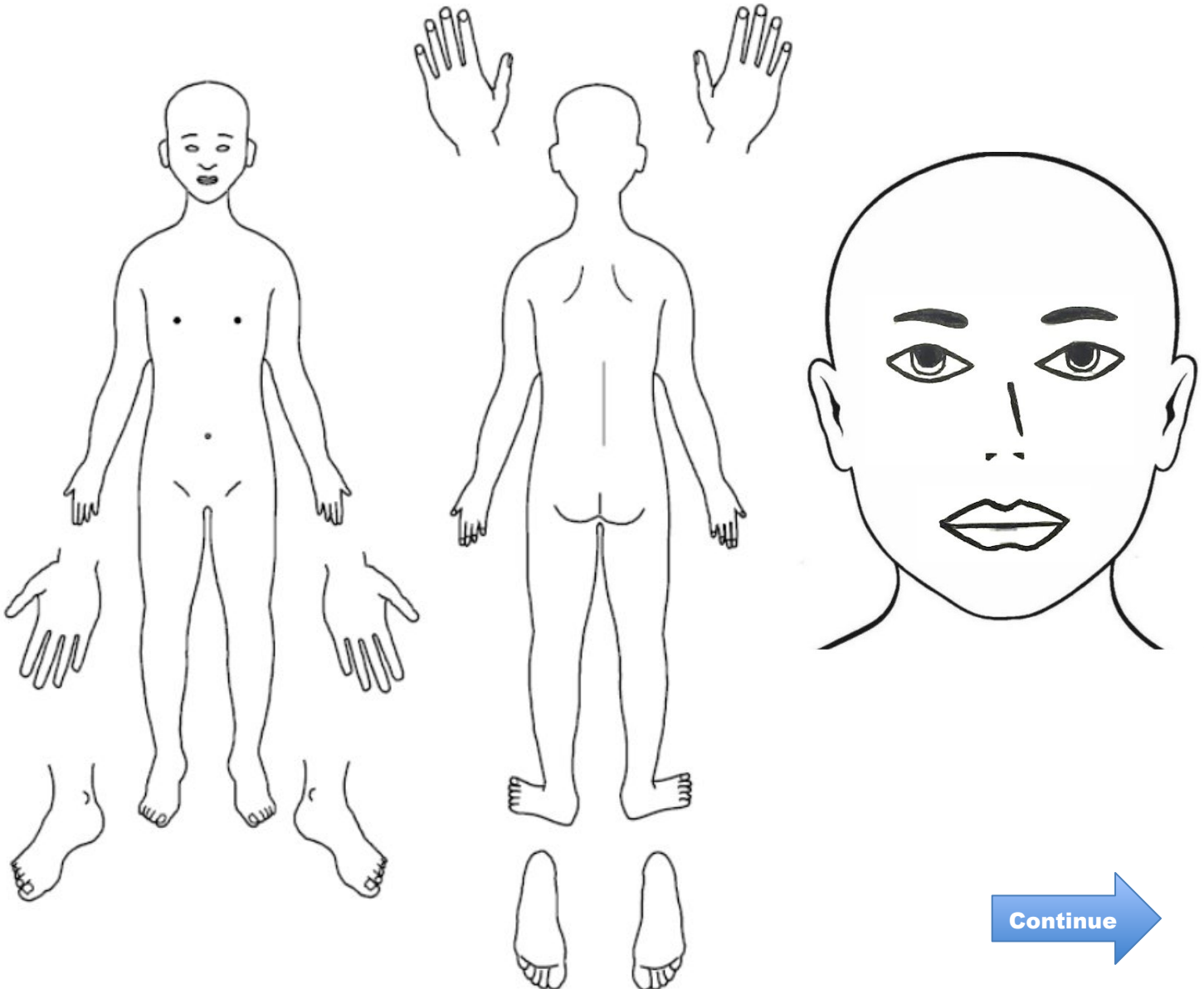
Physical Description:

Additional Alleged Perpetrators or additional information regarding Alleged Perpetrators:

6. Description of incident: Please be as specific as possible, including dates, times of incidents, size and location of any current or previous injury. As many facts as possible: who, what, when, where and how of the situation.

Date/Time/Location of incident/Last Incident:

Use Diagrams to indicate location(s) of injuries/bruises/marks, if applicable:



Incident:

7. Please provide any other information available to you that would assist in establishing the facts including the names, role and phone numbers of others with first-hand information about the suspected abuse or neglect:



8. Has anyone discuss these or other concerns with the parents? YES NO
 The outcome of discussion:
9. Are parents aware that a child maltreatment report has been made? YES NO
10. Known or potential safety risks to worker (dogs, guns): YES NO UNKNOWN

11. What are the stressors possibly impacting this situation? (e.g. work, financial, medical, marital issues, domestic violence, substance abuse, poverty, cognitive or mental health problems)

12. What are the strengths/resources available to this child/family? (e.g. supportive extended family, medical insurance, talents, transportation, attitude, employment, housing)

13. Are you a Mandated Reporter? NO YES **If yes, written & Verbal report required**
 Oral report made to at Social Services or Law Enforcement at:
 (Date & Time) AM PM

Signature or Electronic Signature /s/ of Reporter Date

Email: intake@co.grant.mn.us

or

Fax: 218-685-4978 Attn: Intake

or

Drop Off/Mail: 15 Central Ave N. *P.O. Box 1006 Elbow Lake, MN 56531



**Your concern for the
 safety and welfare of
 children is appreciated.**

