



# Suspected Child Maltreatment Reporting Form

MINNESOTA STATUTE **260E**: A person who knows or has reason to believe a child has been neglected or physically or sexually abused shall make an oral report **IMMEDIATELY** by phone to be followed within 72 hours, exclusive of weekends and holidays by a report in writing. Please fill out this form as completely as possible.

Date of Incident:

Suspected Maltreatment:      Sexual Abuse                  Neglect                  Threatened Injury                  Mental Injury  
Prenatal Exposure      Physical Abuse                  Other:

### Reporter's Information:

Reported by: \_\_\_\_\_

Agency: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Family: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Where is the child(ren) now: \_\_\_\_\_

Caretaker(s) aware of the complaint?      Yes      No

Who else did you contact: \_\_\_\_\_

Others with information: \_\_\_\_\_

**Parent(s)/Guardians**

**Name(s)**

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**Gender**

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**Date of Birth**

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**Address**

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**Home Phone**

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**Place of Employment**

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**Work/Cell Phone #s**

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**Other Names Known By**

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**Previous Spouses**

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**Full Names of Children**

**Name**

**Gender**

**D.O.B**

**School Attending**

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**Made Oral Report to Dakota County Employee:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Faxed / Mail Report to:** Dakota County Children & Family Intake, 14955 Galaxie Ave, Apple Valley, MN 55124

**Main:** 952-891-7459 **Fax:** 952-891-7192

*Please use the space provided on page 3 to complete your written report.*

Nature of the Problem (including when the incident occurred, victims names, injuries, and location where the incident occurred).