

# Wabasha County Social Services

## SUSPECTED CHILD MALTREATMENT REPORTING FORM

MN STATUTE SECTION 626.556: 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 complete as possible.

Date of Incident: \_\_\_\_\_

Suspected Maltreatment:

Physical Abuse

Sexual Abuse

Neglect

Threatened Injury

Mental Injury

Prenatal Exposure

Other: \_\_\_\_\_

**Reporter's Information:**

Reported by: \_\_\_\_\_ Agency: \_\_\_\_\_ Date: \_\_\_\_\_

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

Relationship to the Family: \_\_\_\_\_ Fax: \_\_\_\_\_

Nature of the Problem (Including victim's names, injuries and location where the incident occurred):

Where is the child(ren) now: \_\_\_\_\_ Are the parents aware of the report?  Yes  No

**Parent(s)/Guardian(s) Information:**

Name(s): \_\_\_\_\_

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

Phone: \_\_\_\_\_

Custodial Parent/Custody Arrangement: \_\_\_\_\_

**Full Names of Children:**

**Race/DOB:**

**School Attending:**

\_\_\_\_\_ American Indian:  Yes  No

\_\_\_\_\_ American Indian:  Yes  No

\_\_\_\_\_ American Indian:  Yes  No

\_\_\_\_\_ American Indian:  Yes  No

\_\_\_\_\_ American Indian:  Yes  No

Made Oral Report to: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Send to: Wabasha County Child Protection

411 Hiawatha Dr. East

Wabasha, MN 55981

Phone: 651-565-3351

Email: SSCPIntake@co.wabasha.mn.us

Nature of the Problem continued (other areas of need, strengths, supports):