



Stevens County - Report of Suspected Child Maltreatment

Stevens County Human Services • 400 Colorado Avenue Suite 104, Morris, MN 56267

Phone: 320.208.6600 • Fax: 320.585.2954 • intake@co.stevens.mn.us

Reporter Information

Name: _____ Relationship/Position: _____

Address: _____ Phone: _____

Mandated Reporter: Yes No If yes, Employer _____

Email: _____

**Mandated reporters are required to provide written and verbal report*

Victim Information

**Please identify all children in the home, if possible.*

Child Name: _____ **DOB:** _____ **Gender:** Male Female

Ethnicity/Tribal Affiliation: _____ **Special Needs:** _____

Child Name: _____ **DOB:** _____ **Gender:** Male Female

Ethnicity/Tribal Affiliation: _____ **Special Needs:** _____

Child Name: _____ **DOB:** _____ **Gender:** Male Female

Ethnicity/Tribal Affiliation: _____ **Special Needs:** _____

Child Name: _____ **DOB:** _____ **Gender:** Male Female

Ethnicity/Tribal Affiliation: _____ **Special Needs:** _____

Caregiver Information

Parent/Caregiver 1: _____ **DOB/Age:** _____

Ethnicity/Tribal Affiliation: _____

Address: _____ **Phone:** _____

Email: _____

Parent/Caregiver 2: _____ **DOB/Age:** _____

Ethnicity/Tribal Affiliation: _____

Address (if different) _____ **Phone:** _____

Email: _____

Custody Arrangement (if applicable): _____

Other Guardian/Caregiver: _____

Alleged Perpetrator Information

Alleged Perpetrator #1: _____ DOB/Age: _____

Phone: _____ Address: _____

Email: _____ Relationship to Victim: _____

Physical description: _____

Does the child reside with the alleged perpetrator? Yes No

Alleged Perpetrator #2: _____ DOB/Age: _____

Phone: _____ Address: _____

Email: _____ Relationship to Victim: _____

Physical description: _____

Does the child reside with the alleged perpetrator? Yes No

Additional Alleged Perpetrators or additional information regarding alleged perpetrators:

Description of Suspected Abuse or Neglect

Type of Suspected Child Maltreatment (select all that apply):

Neglect Physical Sexual Emotional Prenatal Exposure

Please describe alleged date, time, place, severity/frequency, visible injuries, harm, mental or developmental disabilities of child or parent, parent's willingness to protect, family stressors, history of violence, current and previous services, family strengths. Please provide any other information available that would be helpful in assessing the situation.

Other persons notified of this report:

Child	Principal
Parent	Nurse/health aide
Alleged Perpetrator	Counselor/School Social Worker
Police	Other: _____

Minnesota statutes provide mandated reporters with great personal responsibility. If you suspect a child is being abused or neglected, you have the responsibility to make the report and cannot shift responsibility to another (e.g., supervisor, counselor, principal). If you are required to report known or suspected abuse or neglect and fail to do so, you may face criminal charges. Anyone who reports child abuse or neglect in good faith is immune from civil liability. The reporter's name is confidential. It is accessible only if the reporter consents, by court order, or by court procedure.

Signature

Date

Submit form to:
Stevens County Human Services
400 Colorado Ave., Suite 104
Morris, MN 56267
Or email: intake@co.stevens.mn.us
Or fax: 320.585.2954

To make verbal reports, please call
320.208.6600 and ask for intake.