

**BECKER COUNTY HUMAN SERVICES**  
712 Minnesota Ave. Detroit Lakes, MN 56501  
Ph: 218-847-5628 Fax: 218-847-6738  
**REPORT OF SUSPECTED CHILD MALTREATMENT**

*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: Name and Title \_\_\_\_\_  
Agency/School \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_
2. Type of suspected Child Maltreatment (circle all that apply):  
Physical    Sexual    Neglect    Emotional    Child Welfare
3. Name of child/victim: \_\_\_\_\_ Age/DOB: \_\_\_\_\_ M F School: \_\_\_\_\_ Grade: \_\_\_\_\_  
Special Needs: \_\_\_\_\_ Ethnicity/Tribal Affiliation: \_\_\_\_\_
4. Name of child/victim: \_\_\_\_\_ Age/DOB: \_\_\_\_\_ M F School: \_\_\_\_\_ Grade: \_\_\_\_\_  
Special Needs: \_\_\_\_\_ Ethnicity/Tribal Affiliation: \_\_\_\_\_
5. Name of child/victim: \_\_\_\_\_ Age/DOB: \_\_\_\_\_ M F School: \_\_\_\_\_ Grade: \_\_\_\_\_  
Special Needs: \_\_\_\_\_ Ethnicity/Tribal Affiliation: \_\_\_\_\_
6. Names/ages of other children in household:  
\_\_\_\_\_
7. Address (where children can be seen): \_\_\_\_\_
8. County/Reservation of Residence: \_\_\_\_\_
9. Name of primary caregiver(s) responsible for child (parents/guardians):  
Names: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell # \_\_\_\_\_ Employer: \_\_\_\_\_ Work Hours: \_\_\_\_\_  
Address of Primary Caregiver: \_\_\_\_\_  
County/Reservation of Residence: \_\_\_\_\_  
Names/DOB/Relationship of Others in Household: \_\_\_\_\_  
Names/Phone #s/Addresses of Noncustodial Parents:  
\_\_\_\_\_  
\_\_\_\_\_  
Names/Phone #s/Addresses/Schedule of Additional Caregivers:  
\_\_\_\_\_  
\_\_\_\_\_
10. Alleged Perpetrator (circle one): a) Immediate Family/Household Member    b) In Caretaking Role (licensed or unlicensed childcare, unlicensed PCA, foster care, other licensed facility or provider)    c) Not Immediate Family or Household Member and Not in Caretaking Role  
Alleged Perpetrator's Name: \_\_\_\_\_ DOB/Age: \_\_\_\_\_  
Relationship to Victim: \_\_\_\_\_ Phone # and Address (if not listed above): \_\_\_\_\_  
\_\_\_\_\_

**OVER**

11. Describe the circumstances leading you to suspect that the child (ren) is a victim of abuse/neglect. Please be as specific as possible, including dates, times of incidents, size and location of any current or previous injury and as many facts as possible about the who, when, where, what and how of the situation. Please use additional paper as needed.

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12. 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:

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13. Has anyone had an opportunity to discuss these or other concerns with the parents? The outcome of discussion:

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14. What are the strengths/resources available to this child/family (e.g. supportive extended family, medical insurance, skills, transportation, attitude, employment, housing, services family currently receives)?

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15. 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)?

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16. What would you/your agency like to see happen?

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17. Are parents aware that a child maltreatment report has been made? Yes \_\_\_\_ No \_\_\_\_

18. Signature of Reporter: \_\_\_\_\_ Date: \_\_\_\_\_

Mandated Reporter

\*YES  NO

\*If yes, written report required

19. Date/Hour of Oral report made to Human Services or Law Enforcement: \_\_\_\_\_

20. Known or potential safety risks to assessment worker:

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