SUSPECTED CHILD ABUSE/NEGLECT REPORT

INSTRUCTIONS: Respond to each item in as much detail as possible. Report is to be submitted within 72 hours of a verbal report. Submit reports to Child Protection, Meeker County Social Service Department, 114 N. Holcombe Ave., Suite 180, Litchfield, MN 55355 or Fax to 320-693-5344.

CHECK TYPE OF REFERRAL: ☐ SUSPECTED PHYSICAL ABUSE ☐ SUSPECTED SEXUAL ABUSE
☐ SUSPECTED EMOTIONAL ABUSE ☐ SUSPECTED NEGLECT

NAME OF REPORTER: AGENCY/SCHOOL:

ADDRESS: PHONE:

NAME OF CHILD: BIRTHDATE:

ADDRESS:

PARENTS OR GUARDIAN: PHONE:

ADDRESS:

CURRENT CONCERN: Describe the nature and extent of the current abuse/neglect; the nature and extent of the circumstances leading to the suspicion of abuse/neglect.

PAST CONCERNS: Information concerning previous abuse/neglect to this child or other children in this family situation, including previous action taken, if any.

OTHER: Any other information available, which would be helpful in assessing this situation.

In accordance with M.S. 626.556, the name of the person or agency reporting child abuse or neglect shall not be disclosed to the subject of the report while the report is under assessment. Upon completion of the assessment, the name of the reporting party shall be confidential and shall be disclosed only upon court order.

SIGNATURE OF REPORTER: DATE OF REPORT: DATE MAILED/FAXED: