



SUSPECTED CHILD MALTREATMENT REPORTING FORM

DATE: OF INCIDENT: _____ SUSPECTED: ___ *Physical Abuse* ___ *Sexual Abuse* ___ *Neglect* ___ *Other* ___

REPORT BY: _____ AGENCY: _____ DATE: _____

ADDRESS: _____ ZIP CODE: _____

TELEPHONE: _____ FAX: _____

RELATIONSHIP TO FAMILY: _____

NATURE OF THE PROBLEM (INCLUDING VICTIM'S NAME (S), INJURIES, AND LOCATION WHERE INCIDENT OCCURRED)

(CONTINUE ON NEXT PAGE)

Where is the child (ren) now: _____ Do the parents know about the report? ___ Yes ___ No

Who else did you contact: _____ Others with information: _____

FAMILY INFORMATION:

MOTHER

FATHER

NAME/DOB: _____

ADDRESS: _____

CITY AND HOME PHONE: _____

WORK /CELL PHONE: _____

CUSTODIAL PARENT (if known): _____

Is the child or anyone in the family of American Indian or Alaskan heritage? Yes No

If yes, which family member? _____

FULL NAMES OF CHILDREN RACE/DOB SCHOOL/DAYCARE

1. _____
2. _____
3. _____
4. _____
5. _____

PHONED REPORT TO: _____ DATE: _____

TO SEND :

**RAMSEY COUNTY CHILD PROTECTION
INTAKE 160 E. KELLOGG BLVE SUITE 6000
SAINT PAUL, MN 55101
PHONE: 651-266-4500 FAX: 651-266-3911
EMAIL: CHS-CPIntake@co.ramsey.mn.us**

