

Suspected Child Abuse/Neglect Report

Isanti County Family Services
 Oakview Office Complex
 1700 East Rum River Drive South, Suite A
 Cambridge, MN 55008
 Telephone: 763-689-1711
 Fax: 763-689-9877

Instructions: Respond to each item, even if the reply is "unknown" or "none." Type or print clearly. State law requires a verbal report to be made "immediately," which means as soon as possible, but no longer than 24 hours after having reason to believe a child has been abused or neglected. This written report is to follow within 72 hours.

Reporter Information

<u>Name</u>	<u>Agency/School</u>	<u>Position</u>
<u>Address</u>	<u>Phone</u>	<u>Relationship to Child</u>

Family Information

<u>Child's Name</u>	<u>Date of Birth</u>	<u>Race</u>	<u>Sex</u> <input type="checkbox"/> M <input type="checkbox"/> F	<u>School</u>	<u>Grade</u>
<u>Address</u>	<u>City</u>		<u>State</u>	<u>Zip Code</u>	
<u>Mother's Name</u>	<u>Date of Birth</u>	<u>Age</u>		<u>Phone</u> Home _____	Work _____
				Cell _____	
<u>Address</u>	<u>City</u>		<u>State</u>	<u>Zip Code</u>	
<u>Father's Name</u>	<u>Date of Birth</u>	<u>Age</u>		<u>Phone</u> Home _____	Work _____
				Cell _____	
<u>Address (if different than mother's)</u>	<u>City</u>		<u>State</u>	<u>Zip Code</u>	
Person who child resides with					
Other minor children residing in home (ages & DOB's if known)					
Person suspected of maltreating child			Relationship to child		
Possible witness/other's who may have knowledge of maltreatment			Phone number		

Description of Concern (Description of injury. Who, what, where, when, etc. Please be as specific as possible.)

Other Relevant Information (Previous concerns for abuse or neglect, emotional state of child and/or parent, and/or any information which would be helpful in establishing cause of injury or services which may be beneficial to the family.)

Reporting Information

County child protection worker with whom you spoke to make verbal report:	On _____ at _____ Date Time	
Police/Sheriff notified: <input type="checkbox"/> No <input type="checkbox"/> Yes, department _____		
_____ Signature of person making report	_____ Date of report	_____ Date report mailed/faxed

suspected child abuse fillable form (as1)
Revised 03/17/2016