



Mille Lacs County Community & Veteran Services
 525 2nd Street SE, Milaca MN 56353
 Phone: 320-983-8208 Fax: 320-983-8306

SUSPECTED CHILD MALTREATMENT REPORT

Child Protection Information

If you feel this child(ren) is in **immediate danger**, please call 911. If you are unsure and/or would prefer to speak to a Child Protection Social Worker, please call Mille Lacs County Child Protection at 320-983-8246 and a social worker will assist you with your report.

Any person may voluntarily make a report if they suspect child abuse. Click [here](#) for the definition of a mandated reporter. Minnesota Statutes Section 625.556, Subdivision 7: Any professional who has knowledge of or reasonable cause to believe a child is being neglected or physically or sexually abused shall **make an oral report immediately by phone** to be followed by a written report within 72 hours.

Instructions:

1. Please call Child Protection Services: (320) 983-8246 to make an oral report.
2. Complete the Suspected Child Maltreatment Report and fax to: (320) 983-8306

Today's Date	Date Reported Incident Occurred	Allegation Type:
		Physical Abuse Neglect
		Sexual Abuse Other

Reporting Source (Name of person completing this form)

Name of Person Reporting	Relationship to Victim	
_____	_____	
Name of Agency/School of Reporter – If Applicable	Phone Number	Mandated Reporter
_____	_____	Yes No Unsure
Agency Address	Email	
_____	_____	

Alleged Victim(s)

Name of Child(ren)	Birthdate	Gender
_____	_____	Male Female
_____	_____	Male Female
_____	_____	Male Female
Home Address	City	State ZIP Code
_____	_____	_____
Race	If Native American, tribal affiliation?	Child's School
_____	_____	_____
Child lives with	If Other, Who/Relationship to the child	
Mother Father Both Other	_____	
Address, if other than home address	City	State ZIP Code
_____	_____	_____

Alleged Perpetrator(s)

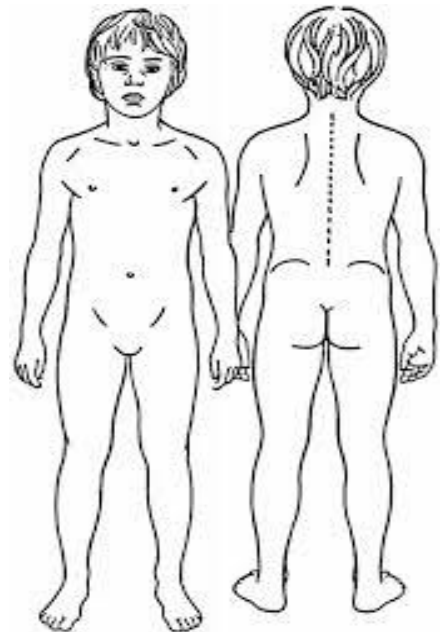
Name of Alleged Perpetrator	Birthdate or Age	Gender	
_____	_____	Male Female	
Address	City	State	ZIP Code
_____	_____	_____	_____
Phone Number	Perpetrator's Relationship to Family or Child(ren)		
_____	_____		
Name of Alleged Perpetrator	Birthdate or Age	Gender	
_____	_____	Male Female	
Address	City	State	ZIP Code
_____	_____	_____	_____
Phone Number	Perpetrator's Relationship to Family or Child(ren)		
_____	_____		

Parent(s) or Person(s) Responsible for Child and Other Children in the Home

Name of Mother	Birthdate or Age		
_____	_____		
Address	City	State	ZIP Code
_____	_____	_____	_____
Phone Number	_____		
_____	_____		
Name of Father	Birthdate or Age		
_____	_____		
Address	City	State	ZIP Code
_____	_____	_____	_____
Phone Number	_____		
_____	_____		
Other Children in the Home – Name(s)	Relationship	Birthdate or Age	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	

Alleged Maltreatment – Please describe type of suspected maltreatment (ie. what happened, to who, when, by whom, current location of child(ren) and include any statement made by the child). If physical abuse, please show on diagram below.

Describe bruises, lacerations, fractures, abrasions or other injuries. Give size, number and location of injuries.



Other Individuals Who Are Aware of the Neglect or Abuse (name and phone number):

Name	Address	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____