

RAMSEY COUNTY SUSPECTED CHILD MALTREATMENT REPORTING FORM

MINNESOTA STATUTES SECTION 626.556, SUBDIVISIONS 3-9: A person who knows or has reason 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 report in writing.

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

REPORTED BY: _____ AGENCY: _____ DATE: _____

ADDRESS: _____ TELEPHONE: _____

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:	_____	_____

FULL NAMES OF CHILDREN	RACE/DOB	SCHOOL/DAYCARE
1. _____		
2. _____		
3. _____		
4. _____		

PHONED REPORT TO: _____ DATE: _____

SEND TO:
RAMSEY COUNTY CHILD PROTECTION INTAKE
160 E. KELLOGG BLVD SUITE 6000
SAINT PAUL, MN 55101
PHONE: 651-266-4500 FAX: 651-266-3715

