

Case # _____

Sheriff _____

Social Services _____

SUSPECTED CHILD MALTREATMENT REPORT

Sherburne County Health & Human Services
13880 Business Center Drive
Elk River, MN 55330

Telephone: **763-765-4000** or **1-800-433-5239** Fax: **763-765-4096**

-----This report is to follow an earlier verbal report of suspected child maltreatment. Please send to above address. -----

Report date: _____ Time: _____

Nature of allegation: Physical Sexual Neglect Emotional Other

Law enforcement notified date: _____ Time: _____

Place alleged events occurred: City _____ State _____ County _____

Setting where events occurred: Family Facility Other: _____

ALLEGED VICTIM(S):

①	<i>name</i>	<i>age</i>	<i>DOB</i>	<i>Gender</i> M F	<i>school</i>	<i>grade</i>	<i>phone</i>
	<i>street address</i>	<i>city</i>		<i>state</i>	<i>ZIP</i>	<i>Location of alleged victim</i>	
②	<i>name</i>	<i>age</i>	<i>DOB</i>	<i>Gender</i> M F	<i>school</i>	<i>grade</i>	<i>phone</i>
	<i>street address</i>	<i>city</i>		<i>state</i>	<i>ZIP</i>	<i>Location of alleged victim</i>	
③	<i>name</i>	<i>age</i>	<i>DOB</i>	<i>Gender</i> M F	<i>school</i>	<i>grade</i>	<i>phone</i>
	<i>street address</i>	<i>city</i>		<i>state</i>	<i>ZIP</i>	<i>Location of alleged victim</i>	
④	<i>name</i>	<i>age</i>	<i>DOB</i>	<i>Gender</i> M F	<i>school</i>	<i>grade</i>	<i>phone</i>
	<i>street address</i>	<i>city</i>		<i>state</i>	<i>ZIP</i>	<i>Location of alleged victim</i>	

ALLEGED PERPETRATOR(S)

①	<i>name</i>	<i>age</i>	<i>DOB</i>	<i>Relationship to victim</i>			
	<i>street address</i>	<i>city</i>		<i>state</i>	<i>ZIP</i>	<i>home phone</i>	<i>work phone</i>
②	<i>name</i>	<i>age</i>	<i>DOB</i>	<i>Relationship to victim</i>			
	<i>street address</i>	<i>city</i>		<i>state</i>	<i>ZIP</i>	<i>home phone</i>	<i>work phone</i>

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SUSPECTED CHILD MALTREATMENT REPORT

PARENT/GUARDIAN(S):

①	name		age	DOB	Relationship to victim		
	street address		city		state	ZIP	home phone
②	name		age	DOB	Relationship to victim		
	street address		city		state	ZIP	home phone

OTHER CHILDREN OR HOUSEHOLD MEMBERS:

①	name		age	DOB	Gender M F		school	grade	phone
	resides with above parent/guardian ① ② No pls enter		street address			city		state	ZIP
②	name		age	DOB	Gender M F		school	grade	phone
	resides with above parent/guardian ① ② No pls enter		street address			city		state	ZIP
③	name		age	DOB	Gender M F		school	grade	phone
	resides with above parent/guardian ① ② No pls enter		street address			city		state	ZIP
④	name		age	DOB	Gender M F		school	grade	phone
	resides with above parent/guardian ① ② No pls enter		street address			city		state	ZIP

PRIOR CONTACT OR OTHER INFORMATION

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REPORTER

Name _____ Relationship _____

Address _____

City _____ State _____ ZIP _____ Home Phone _____ Work Phone _____

Report received by _____ Law enforcement jurisdiction _____