

WILKIN COUNTY HEALTH & HUMAN SERVICES

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intake@wilkincounty.gov

Mandated reporters must submit written report within 72 hours of verbal report

Pursuant to Minnesota Statute 626.556, Subd. 3, Subd. 7, this is a written report regarding maltreatment of the child (ren) listed in this report. Pursuant to Minnesota Statute 626.556, Subd. 4, I understand that I am immune from civil or criminal liability if I am acting in good faith when reporting maltreatment as a mandated reporter. I also understand that copies of this report are considered confidential pursuant to Minnesota Statute 13.

Reporter Name: _____ Title: _____

Agency/School: _____ Phone: _____

Address: _____

Type of suspected child maltreatment: Physical Sexual Neglect Emotional Child Welfare

Child/Victim Name: _____ Age: _____ DOB: _____

School: _____ Grade: _____

Address (where child can be seen): _____

County/Reservation of Residence: _____

Parent/Guardian Name: _____ Relationship to Child/Victim: _____

Address: _____ Phone: _____

Employer: _____ County/Reservation of Residence: _____

Parent/Guardian Name: _____ Relationship to Child/Victim: _____

Address: _____ Phone: _____

Employer: _____ County/Reservation of Residence: _____

Alleged Perpetrator:

Alleged Perpetrator Name: _____ Relationship to Child/Victim: _____

Address: _____ Phone: _____

1. Describe the circumstances leading you to suspect that the child(ren) is a victim of abuse/neglect. Please be as specific as possible, including dates, times of incidents, size of injury, location of any current or previous injury and as many facts as possible about the who, when, where, what and how of the situation. Please use additional paper as needed.

2. Please provide any other information available to you that would assist in establishing the facts including the names, role, and phone numbers of others with first-hand information about the suspected abuse or neglect:

3. Has anyone had an opportunity to discuss these or other concerns with the parents? Yes No
What was the outcome?

4. What are the strengths/resources available to this child/family (supportive extended family, medical insurance, skills, transportation, attitude, employment, housing, services) currently receives?

5. What are the stressors possibly impacting this situation (work, financial, medical, marital issues, domestic violence, substance abuse, poverty, cognitive or mental health problems)?

6. What would you/your agency like to see happen? _____

7. Are parents aware that a child maltreatment report has been made? Yes No

Reporter Signature

Date

Mandated Reporter: Yes* No *If yes, written report is required

Date/Hour of Verbal Report made to Human Services or Law Enforcement: _____

Known or potential safety risks to assessment/investigative worker: _____
