



719 N 7th Street Suite 200 * Montevideo, MN 56265

Website: www.co.chippewa.mn.us

Phone: 320-269-6401 * Toll Free: 877-450-6401 * Fax: 320-269-6405

SUSPECTED CHILD MALTREATMENT REPORT

Instructions:

1. Please call Child Protection Services: (320) 269-6401 and ask to speak with Child Protection Intake
2. A completed Suspected Child Maltreatment Report may be submitted by fax to (320) 269-6405, **ATIN: CP Intake**

Reporting Source (name of person completing form)

Name of Reporter		Relationship to Victim	
Employer Name	Phone Number	Fax Number	
Employer Address			
City	State	Zip	

Alleged Victim(s) and Siblings

(If there are more than 4 victims/siblings, please include their information in the "Additional Information" section below)

Name of Child #1	Birthdate	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address		
City	State	Zip
Phone Number	Race	If Native American, Tribal Affiliation?
Language Spoken	<input type="checkbox"/> Interpreter needed	Child's School
Child lives with <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both parents <input type="checkbox"/> Other		If other, relationship to child
Address, If other than home address		
City	State	Zip

Name of Child #2	Birthdate	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address		

City	State	Zip
Phone Number	Race	If Native American, Tribal Affiliation?
Language Spoken	<input type="checkbox"/> Interpreter needed	Child's School
Child lives with <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both parents <input type="checkbox"/> Other		If other, relationship to child
Address, If other than home address		
City	State	Zip

Name of Child #3	Birthdate	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address		
City	State	Zip
Phone Number	Race	If Native American, Tribal Affiliation?
Language Spoken	<input type="checkbox"/> Interpreter needed	Child's School
Child lives with <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both parents <input type="checkbox"/> Other		If other, relationship to child
Address, If other than home address		
City	State	Zip

Name of Child #4	Birthdate	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address		
City	State	Zip
Phone Number	Race	If Native American, Tribal Affiliation?
Language Spoken	<input type="checkbox"/> Interpreter needed	Child's School
Child lives with <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both parents <input type="checkbox"/> Other		If other, relationship to child

Address, If other than home address		
City	State	Zip

Alleged Offender(s)

Name of Alleged Offender #1	Birthdate and/or Age	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Address		
City	State	Zip
Cell Phone	Other Phone	
Language Spoken	<input type="checkbox"/> Interpreter needed	
Offender Relationship to Family or child		

Name of Alleged Offender #2	Birthdate and/or Age	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Address		
City	State	Zip
Cell Phone	Other Phone	
Language Spoken	<input type="checkbox"/> Interpreter needed	
Offender Relationship to Family or child		

Family

Mother's Name	Birthdate and/or Age	
Address		
City	State	Zip
Cell Phone	Other Phone	
Language Spoken	<input type="checkbox"/> Interpreter needed	

Father's Name		Birthdate and/or Age	
Address			
City		State	Zip
Cell Phone		Other Phone	
Language Spoken		<input type="checkbox"/> Interpreter needed	
Name of Child(ren)			

Father's Name		Birthdate and/or Age	
Address			
City		State	Zip
Cell Phone		Other Phone	
Language Spoken		<input type="checkbox"/> Interpreter needed	
Name of Child(ren)			

Other Adult(s) in home

(If more than one other adult in home, please include their information in the "Additional Information" section below)

Other Adult in Home		Birthdate and/or Age	
Address		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
City		State	Zip
Cell Phone		Other Phone	
Language Spoken		<input type="checkbox"/> Interpreter needed	
Relationship to Child(ren)			

Alleged Maltreatment - please be as specific as possible

Additional Considerations

Cultural Considerations

Family Strengths

Child Vulnerabilities

Additional Children, Parents, and/or adults in the Home or additional alleged offenders

Signature

Printed Name

Signature

Date