

Cook County Public Health and Human Services
SUSPECTED CHILD MALTREATMENT REPORT

Minnesota Statutes Section 626.556, sub 3, include: "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**, after which this written report must be filed within 72 hours of the oral report excluding weekends and holidays."

Date incident occurred: _____ **Date of oral report:** _____

Oral report was made to (check one box):

- PHHS Child Protection worker (218) 387-3620**
Name of Intake worker: _____
- Law Enforcement Center (218) 387-3030**
Name of Officer/Deputy contacted: _____

Reporter:	Agency/School of Reporter :
Reporter mailing address:	Phone:
Relationship to victim:	
Is the Victim in Imminent Danger? Yes No	
Does the Alleged Perpetrator currently have access to the victim? Yes No	
Name of alleged victim:	Child's DOB or Age:
Sex: Male / Female	
Home Address:	Home Phone:
School:	
Is there a Tribal Affiliation? Yes No Band if known:	

Family of Alleged Victim

NAME	DOB or age	Lives with the child?	IF not living with child, alternate home address or alternate contact info?	Phone contact (home/work/cell):
Mother:		Yes No		
Father:		Yes No		
Stepmother/Stepfather:		Yes No		
Sibling/s:		Yes No		
		Yes No		
		Yes No		
Other (Grandparent?):		Yes No		

(OVER PLEASE)

