



Carlton County

PUBLIC HEALTH & HUMAN SERVICES

Dave Lee, Director

SUSPECTED CHILD MALTREATMENT REPORT

Minnesota Statute 626.556, Subd. 7 dictates that 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 to be followed as soon as possible by a report in writing. The same statute dictates that written reports received by Child Protection will be forwarded to local law enforcement.

Name of Reporter:	Relationship to Victim:
Agency/School of Reporter:	Address:
Phone Number:	Date of Report:

Household Members and Additional People Involved:

Name:	DOB or Age:	Address:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	<input type="checkbox"/> Victim <input type="checkbox"/> Alleged Offender <input type="checkbox"/> Household Member <input type="checkbox"/> Other:	School (if applicable): Phone Number:
Name:	DOB or Age:	Address:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	<input type="checkbox"/> Victim <input type="checkbox"/> Alleged Offender <input type="checkbox"/> Household Member <input type="checkbox"/> Other:	School (if applicable): Phone Number:
Name:	DOB or Age:	Address:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	<input type="checkbox"/> Victim <input type="checkbox"/> Alleged Offender <input type="checkbox"/> Household Member <input type="checkbox"/> Other:	School (if applicable): Phone Number:
Name:	DOB or Age:	Address:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	<input type="checkbox"/> Victim <input type="checkbox"/> Alleged Offender <input type="checkbox"/> Household Member <input type="checkbox"/> Other:	School (if applicable): Phone Number:

Name:	DOB or Age:	Address:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	<input type="checkbox"/> Victim <input type="checkbox"/> Alleged Offender <input type="checkbox"/> Household Member <input type="checkbox"/> Other:	School (if applicable): Phone Number:

Description of Incident:

Please call the Child Protection Intake line for Carlton County at 218-499-6315 to follow up on this report.	
Printed Name of Person Reporting (by typing your name here, you are electronically signing this document):	
Name of Intake Worker That Received Oral Report:	

THIS FORM MUST BE FAXED TO: 218-878-2541

If a report is being made after 4 PM, on a weekend, or on a holiday please call 911.