

Suspected Child Abuse/Neglect Report

Pine County Health and Human Services

315 Main Street S. Suite 200

Pine City MN 55063

Telephone: 320-591-1570

Fax: 320-591-1601

Instructions: Respond to each item, even if the reply is “unknown” or “none”. Type or print clearly. State law requires a verbal report to be made “immediately”, which means as soon as possible, but no longer than 24 hours after having reason to believe a child has been abused or neglected. This written report is to follow within 72 hours.

Reporter Information

<u>Name</u>	<u>Agency/School</u>	<u>Position</u>
<u>Address</u>	<u>Phone</u>	<u>Relationship to child</u>

Family Information

<u>Child's Name (First, Middle, Last)</u>	<u>Date of Birth</u>	<u>Race</u>	<u>Sex</u> M F	<u>School</u>	<u>Grade</u>
<u>Address</u>	<u>City</u>	<u>State</u>	<u>Zip Code</u>		
<u>Mother's Name</u>	<u>Date of Birth</u>	<u>Age</u>	<u>Phone</u> (H) (W) (Cell)		
<u>Address</u>	<u>City</u>	<u>State</u>	<u>Zip Code</u>		
<u>Father's Name</u>	<u>Date of Birth</u>	<u>Age</u>	<u>Phone</u> (H) (W) (Cell)		
<u>Address (if different than mother)</u>	<u>City</u>	<u>State</u>	<u>Zip Code</u>		
Person who child resides with					
Other minor children residing in home (ages & DOB's if known)/ others in the home					
Person/Persons suspected of maltreating child			Relationship to child		
Possible witness/other's who may have knowledge of maltreatment			Phone number		

