

**Mahnomen County Social Services
CHILD ABUSE-NEGLECT REPORT**

PO Box 460 Mahnomen MN 56557

Phone: 218-935-2568

Fax: 218-935-5459

Date of Report: _____

Verbal Report given to: _____

REPORTER/COMPLAINANT:

Name _____

Relationship _____

Address _____

Phone Number _____

Mandated Reporter: _____ *Yes _____ No

*If Yes, written report is required.

PARENT/GUARDIAN INFORMATION

NAME	ADDRESS	PHONE	DOB	PLACE OF EMPLOYMENT	CUSTODY STATUS

OTHER ADULTS IN THE HOME (if known)

NAME	ADDRESS	PHONE	DOB	RELATIONSHIP

CHILDREN

NAME	ADDRESS	SCHOOL	DOB	SEX

Native American Child ___ Yes ___ No Tribal Affiliation ___ Yes ___ No
Tribe _____

Is there imminent risk to child? _____ Yes _____ No

Does child reside with offender: _____ Yes _____ No

Risks to Investigator _____

NATURE OF COMPLAINT: (Describe alleged date, time, place, severity/ frequency, visible injury/harm, previous child protection involvement, mental or developmental disabilities of child or parent, parent's willingness to protect, family stresses, history of domestic violence, current/previous services) PLEASE USE ADDITIONAL PAGE IF NECESSARY

This form can be printed and mailed to:

Attention: Social Services Intake
PO Box 460
Mahnomen MN 56557

This form can be printed and faxed to:

Attention: Social Services Intake
218-935-5459

This form can be emailed if you spoke directly with Child Protection Intake and were provided an email address to send it to.