

**BECKER COUNTY HUMAN SERVICES**  
712 Minnesota Ave. Detroit Lakes, MN 56501  
Ph: 218-847-5628 Fax: 218-847-6738  
**REPORT OF SUSPECTED CHILD MALTREATMENT**

*Mandated reporters must submit written report within 72 hours of verbal report*

Pursuant to Minnesota Statute 626.556, Subd. 3, Subd. 7, this is a written report regarding maltreatment of the child (ren) listed in this report. Pursuant to Minnesota Statute 626.556, Subd. 4, I understand that I am immune from civil or criminal liability if I am acting in good faith when reporting maltreatment as a mandated reporter. I also understand that copies of this report are considered confidential pursuant to Minnesota Statute 13.

1. Reporter: Name and Title \_\_\_\_\_  
Agency/School \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_
2. Type of suspected Child Maltreatment (circle all that apply):  
Physical    Sexual    Neglect    Emotional    Child Welfare
3. Name of child/victim: \_\_\_\_\_ Age/DOB: \_\_\_\_\_ M F School: \_\_\_\_\_ Grade: \_\_\_\_\_  
Special Needs: \_\_\_\_\_ Ethnicity/Tribal Affiliation: \_\_\_\_\_
4. Name of child/victim: \_\_\_\_\_ Age/DOB: \_\_\_\_\_ M F School: \_\_\_\_\_ Grade: \_\_\_\_\_  
Special Needs: \_\_\_\_\_ Ethnicity/Tribal Affiliation: \_\_\_\_\_
5. Name of child/victim: \_\_\_\_\_ Age/DOB: \_\_\_\_\_ M F School: \_\_\_\_\_ Grade: \_\_\_\_\_  
Special Needs: \_\_\_\_\_ Ethnicity/Tribal Affiliation: \_\_\_\_\_
6. Names/ages of other children in household:  
\_\_\_\_\_
7. Address (where children can be seen): \_\_\_\_\_
8. County/Reservation of Residence: \_\_\_\_\_
9. Name of primary caregiver(s) responsible for child (parents/guardians):  
Names: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell # \_\_\_\_\_ Employer: \_\_\_\_\_ Work Hours: \_\_\_\_\_  
Address of Primary Caregiver: \_\_\_\_\_  
County/Reservation of Residence: \_\_\_\_\_  
Names/DOB/Relationship of Others in Household: \_\_\_\_\_  
Names/Phone #s/Addresses of Noncustodial Parents:  
\_\_\_\_\_  
\_\_\_\_\_  
Names/Phone #s/Addresses/Schedule of Additional Caregivers:  
\_\_\_\_\_  
\_\_\_\_\_
10. Alleged Perpetrator (circle one): a) Immediate Family/Household Member    b) In Caretaking Role (licensed or unlicensed childcare, unlicensed PCA, foster care, other licensed facility or provider)    c) Not Immediate Family or Household Member and Not in Caretaking Role  
Alleged Perpetrator's Name: \_\_\_\_\_ DOB/Age: \_\_\_\_\_  
Relationship to Victim: \_\_\_\_\_ Phone # and Address (if not listed above): \_\_\_\_\_  
\_\_\_\_\_

**OVER**

