



**Hennepin County**  
 Human Services and Public Health Department  
**Child Protection Screening**  
 MC L965 - Health Services Building  
 525 Portland Avenue South  
 Minneapolis, MN 55415-1569



CF1326 (02/13/2017)

**SUSPECTED CHILD MALTREATMENT REPORT**

**Child Protection Information**

Minnesota Statutes Section 626.556, Subdivision 7: "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."

**Instructions:**

1. Please call Child Protection Services: (612) 348-3552 press 1 to make an oral report.
2. Complete the Suspected Child Maltreatment Report and click Submit at the bottom of the form. When the form is successfully submitted, you will receive a confirmation page. If you do not see this confirmation page or the system is down, you may fax this report as an alternative option. Fax Numbers: digital (612) 466-9581 or analog (612) 330-2302

Date Reported Incident Occurred	Today's Date	Child Protection Intake SW taking report
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**Reporting Source (name of person completing form)**

Name of Reporter	Relationship to Victim		
Agency / School of Reporter	Phone Number	Fax Number	
Agency Address			
City	State	ZIP Code	
	<b>MN</b>		

**Alleged Victim**

Name of Child	Birthdate	Gender	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Home Address			
City	State	ZIP Code	
	<b>MN</b>		
Phone Number	Race	If Native American, tribal affiliation?	
Language	Child's School		
	<input type="checkbox"/> Interpreter needed		
Child lives with	If Other, relationship to the child		
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both parents <input type="checkbox"/> Other			
Address, if other than home address			
City	State	ZIP Code	
	<b>MN</b>		



**SUSPECTED CHILD MALTREATMENT REPORT**

**Alleged Offender**

Name of Alleged Offender		Birthdate or Age	Gender
			<input type="checkbox"/> Male <input type="checkbox"/> Female
Address			
City	State	ZIP Code	
	<b>MN</b>		
Home Phone	Work Phone	Cell Phone	
Offender Relationship to Family or Child			

**Family**

<b>Mother</b>			
Name of Mother		Birthdate or Age	
Address			
City	State	ZIP Code	
	<b>MN</b>		
Home Phone	Work Phone	Cell Phone	
<b>Father</b>			
Name of Father		Birthdate or Age	Name of child
Address			
City	State	ZIP Code	
	<b>MN</b>		
Home Phone	Work Phone	Cell Phone	
<b>Other Adult in Home</b>			
Name of Other Adult in Home		Relationship	Birthdate or Age
Address			



**SUSPECTED CHILD MALTREATMENT REPORT**

City	State	ZIP Code
	<b>MN</b>	
Home Phone	Work Phone	Cell Phone
<b>Sibling Information</b>		
Name of Sibling	Birthdate or Age	
Address		
City	State	ZIP Code
	<b>MN</b>	
School	Race	If Native American, tribal affiliation?

**Alleged Maltreatment**

**Signature**

Print Name	
Signature	Date