

**Benton County Human Services**  
**531 Dewey Street**  
**P.O. Box 740**  
**Foley, MN 56329**  
**Phone: 320-968-5087 or 1-800-530-6254, Fax: 320-968-5330**

### **Suspected Maltreatment Report**

*Minnesota Statute 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** (within 24 hours) to be followed as soon as possible by a report in writing (within 72 hours)."*

Date Reported Incident Occurred: _____	Today's Date: _____	
Place Alleged Events Occurred: City _____	State _____ County _____	
Setting Where Events Occurred: Family _____	Facility _____	Other _____

**REPORTING SOURCE (name of person completing form):**

Name of Reporter: \_\_\_\_\_ Relationship to Victim: \_\_\_\_\_  
Agency/School of Reporter: \_\_\_\_\_  
Agency Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**ALLEGED VICTIM**

Name of Child: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Sex: Male/Female  
Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Race \_\_\_\_\_ Interpreter needed? \_\_\_\_\_ Language: \_\_\_\_\_  
Child's School: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Sex: Male/Female  
Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Race \_\_\_\_\_ Interpreter needed? \_\_\_\_\_ Language: \_\_\_\_\_  
Child's School: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Sex: Male/Female

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Race \_\_\_\_\_ Interpreter needed? \_\_\_\_\_ Language: \_\_\_\_\_

Child's School: \_\_\_\_\_

## ALLEGED PERPETRATOR

Name of Perpetrator: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Sex: Male/Female \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Perpetrator Relationship to Family or Child: \_\_\_\_\_

## FAMILY

Mother: \_\_\_\_\_ Birthdate: \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Father:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Race \_\_\_\_\_ Interpreter needed? \_\_\_\_\_ Language: \_\_\_\_\_

Sibling Name	Birthdate (or Age if Birthdate Unknown)	Address

**ALLEGED MALTREATMENT (attach additional page if needed)**

Print Name

Signature

Date

In accordance with M.S. 626.556, Subdivision 7, written reports received by Child Protection will be forwarded to the local Police Department or County Sheriff.