

**SCOTT COUNTY SUSPECTED CHILD MALTREATMENT REPORTING FORM**

Date of Incident: \_\_\_\_\_ Suspected: \_\_\_\_\_ *Physical Abuse* \_\_\_\_\_ *Sexual Abuse* \_\_\_\_\_ *Neglect* \_\_\_\_\_ *Other*

Report by: \_\_\_\_\_ Agency: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Relationship to Family: \_\_\_\_\_

Victim: \_\_\_\_\_ Address: \_\_\_\_\_

Victim's DOB: \_\_\_\_\_ Sex: \_\_\_M \_\_\_F Telephone: \_\_\_\_\_

Alleged Perpetrator: \_\_\_\_\_ Relationship to victim: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Nature of the Problem (Including injuries, and when and where incident occurred): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Continue on next page)

What is going well for the family? \_\_\_\_\_

Describe any support people available to the family: \_\_\_\_\_

\_\_\_\_\_

**Family Information:**

**Parent 1**

**Parent 2**

Name/DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City and Home Phone: \_\_\_\_\_

Work/Cell Phone: \_\_\_\_\_

Legal Guardian \_\_\_\_\_

Do the Parents know about the report: \_\_Yes \_\_No Primary language spoken in household: \_\_\_\_\_

Full Names of Children      Race/DOB      School/Daycare      Physical Residence

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

Phoned Report To: \_\_\_\_\_ Date: \_\_\_\_\_

**To Send:**

**Scott County Child Protection Intake  
200 Fourth Ave. W.  
Shakopee, MN 55379  
Phone: 952-496-8959  
Fax: 952-496-8430  
After Hours Phone: 952-496-8484**

