



Becker County – Report of Suspected Child Maltreatment

Becker County Human Services • 712 Minnesota Ave., Detroit Lakes, MN 56501
Phone: 218-847-5628 (ext. 5410) • Fax: 218-847-6738 • CPIntake@co.becker.mn.us

Mandated reporters call immediately to make verbal report. Submit written report within 24 hours.

Reporter/Complainant

Name: _____ Relationship/Position: _____

Address: _____ Phone: _____

Mandated Reporter: Yes No If yes, Employer: _____ Email: _____

**Mandated reporters are required to provide written report.*

Family Information

Parent 1: _____ DOB / Age: _____

Address: _____ Phone: _____

Parent 2: _____ DOB / Age: _____

Address (if different): _____ Phone: _____

Others residing in home: _____

Custody Arrangement (if applicable): _____

| Name of Child(ren) | DOB / Age | Race | School (if applicable) | M / F |
|--------------------|-----------|------|------------------------|-------|
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Native American Heritage? Yes No Tribe: _____

Alleged Offender

***If not noted above*

Name: _____ Relationship: _____ Phone: _____

Address: _____ Does the child reside with the offender? Yes No

Description of Suspected Abuse or Neglect

Please describe on the next page:

Alleged Date
Time
Place
Severity/Frequency
Visible Injuries
Harm
Mental or Developmental Disabilities of Child or Parent
Parent Willingness to Protect
Family Stressors
History of Violence
Current and Previous Services
Family Strengths

Description of Suspected Abuse or Neglect

Signature: _____ Date: _____