

 507-437-9701
 507-437-9721
 www.co.mower.mn.us
 201 1st St NE, Suite 18, Austin, MN 55912



Suspected Child Maltreatment Report

Date: _____

Reporter Information	
Name	_____
Agency	_____
Address	_____
Phone Number	_____
Email address	_____
Relationship to the victim	_____
What type of reporter are you?	Mandated Voluntary
Was a verbal report filed?	Yes Date: _____ With who? _____ No

Child(ren) in the home	
Child's name	_____
DOB	_____
School/ childcare	_____
Alleged victim	Yes No
 	
Child's name	_____
DOB	_____
School/ childcare	_____
Alleged victim	Yes No
 	
Child's name	_____
DOB	_____
School/ childcare	_____
Alleged victim	Yes No

Parent/ Guardian Information				
Primary household				
Parent/ caregiver name	Relationship to the child(ren)	Address	Phone	Alleged offender?
_____	_____	_____	_____	Yes No
_____	_____	_____	_____	Yes No
Secondary household				
Parent/ caregiver name	Relationship to the child(ren)	Address	Phone	Alleged offender?
_____	_____	_____	_____	Yes No
_____	_____	_____	_____	Yes No
If the child(ren) reside in two different households, what is the custody arrangement?		_____		

Are there any other applicable person(s) or household members? If so, please provide their name, where they reside, and the relationship to the child(ren),

No Yes _____

What is the primary language spoken in the home?

To your knowledge, does Native American heritage apply to the family?

Yes No Unknown

Type of suspected maltreatment

Physical abuse Neglect Sexual Abuse Mental Injury
Threatened Injury Labor Trafficking

What is the concern? Provide as much detail as possible, including how you are aware of the information, any related marks or injuries, and location and timeframe of the alleged incident.

What is going well for the family? What resources and supports is the family currently engaging in? Who are the family's natural supports? What strengths does the family have?

What stressor(s) is the family experiencing?

Are there any additional safety concerns we should know about (i.e. firearms in the home, infectious diseases, pest concerns, pets, etc.)?

Yes _____ No _____ Unknown _____

Is there any other information that is helpful to know about anyone in the family?

Examples include medical or mental health diagnoses or needs.

Upon completion, submit your written report via email (childprotection@co.mower.mn.us) or fax (507-437-9721).