

**CLEARWATER COUNTY DEPARTMENT OF HUMAN SERVICES**

216 Park Ave NW – PO Box X

Bagley, MN 56621

(218) 694-6164 **Fax: (218) 694-3535**

**INSTRUCTIONS:** Respond to each item, even if reply is “unknown” or “none.” Submit reports to Child Protection Intake at the above address or fax. Please type or print clearly and provide as much detail as possible.

	<b>CHECK TYPE OF REFERRAL:</b> <input type="checkbox"/> <b>SUSPECTED CHILD ABUSE</b> <input type="checkbox"/> <b>SUSPECTED CHILD NEGLECT</b>	
<b>FROM</b>	NAME:	AGENCY/SCHOOL:
	Address:	Phone:
<b>CHILD</b>	Name of Child:	Birth Date:
	Address of Child:	
<b>PARENT</b>	Name of Parent or Guardian:	Phone:
	Address of Parent or Guardian(s):	

Describe the nature and extent of the current injury to the child. The nature and extent of the circumstances leading to the suspicion that the child is a victim of abuse/neglect. (Be specific, use back of page if necessary.)

<b>DESCRIPTION OF CONCERN</b>	

Information concerning previous injury or conditions of abuse/neglect too this child or other children in family situation, including previous action taken, if any.

<b>PAST DATA</b>	

Any other information available to you which could be helpful establishing the cause of the injuries or neglect.

<b>OTHER</b>	

In accordance with Minnesota Statute 626.556, the name of the person or agency reporting child abuse or neglect shall not be disclosed to the subject of the report while the report is under assessment. Upon completion of the assessment, the name of the reporting party shall remain confidential and shall only be disclosed upon court involvement.

<b>SIGNATURE</b>	SIGNATURE OF PERSON MAKING REPORT	DATE OF REPORT	DATE COPIES MAILED