

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: _____

