

**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: \_\_\_\_\_



