



Family Service Center
415 9th Avenue, Suite 202
Granite Falls, MN 56241
Phone 320-564-2211 Fax 320-564-4165
An Equal Opportunity Employer

REPORT OF ABUSE OR NEGLECT OF CHILDREN

This report is prepared in connection with the mandatory reporting laws of the State of Minnesota, MN Statute 260E.06. This report is made with the understanding that immunity from liability, civil or criminal, is given for any report made in good faith. This statute also states that a person required to report who negligently or intentionally fails to report is liable for damages caused by the failure.

This report is also made with the understanding that the Yellow Medicine County Family Services Center shall assess the circumstance and offer protective services to the abused or neglected child. It is understood that this written report will also be shared with Law Enforcement and the appropriate licensing agency or agencies.

Upon completion of the assessment, you can request information relevant to the classification of the report and the agency's intent to provide services.

Information regarding reporting abuse or neglect:

- A. Be specific in identifying the child, the caretaker, the nature and extent of the suspected abuse or neglect, any evidence of previous abuse or neglect, and any information that might be helpful in the investigation of the suspected abuse or neglect.
- B. Consider the following list which may be important:

Neglect

1. failure to provide for:
 - medical need
 - physical need
 - supervision
 - care for emotional or behavior problems
2. environment which is hazardous to the health and safety of the child

Abuse

1. non-accidental physical injury
2. malnutrition
3. overmedication
4. forced confinement and/or isolation
5. sexual assault
6. verbal assault or threats



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SUSPECTED ABUSE/NEGLECT FOR MANDATED REPORTERS

1. Alleged Victim's Name: _____ Age: _____
2. Address: _____ City: _____
3. Phone Numbers: _____
4. Father's Name: _____ Mother's Name: _____
5. Siblings: _____
6. Who else lives with them: _____
7. Alleged Perpetrator: _____
8. Why are you calling/What is the allegation:

Abandonment	Inadequate Supervision	Physical Abuse
Educational Neglect	Infant Medical Neglect	Prenatal Exposure
Emotional Neglect	Medical Neglect	Sexual Abuse
Endangerment	Neglect (food, clothing, shelter)	Threatened Physical
Chronic & Sever Use of Controlled Substance or Alcohol		Threatened Sexual
9. How was this brought to your attention? _____
10. Nature of the concern (be specific – dates, times, location of injury, alleged perpetrator, what was told to you, etc.) _____

11. Other pertinent background information (any previous neglect or abuse known to you, health, marriage, financial, emotional, family violence, alcohol, etc.) _____

12. Description of injuries or condition: (Diagram physical injuries)

_____	Front	Back

13. Has there ever been a time you haven't had these concerns? Explain. _____

14. What do you think is going well for this family? _____

15. Do you know of any resources or supports that the family currently has or would be helpful for the family? _____

16. What are you willing to do (or have you done) to help this family thus far? _____

Your Name: _____	Title: _____
Address: _____	Phone: _____
Signature: _____	Date: _____

Verbal report made to police or Family Services Center:

Verbal report made to: _____

Date: _____ Time: _____