

SUSPECTED CHILD ABUSE/NEGLECT REPORT

ICHS-0100

Oral report shall be made immediately with a written report to follow within 72 hours. Reports can be made to Itasca County Health & Human Services (327-2941) or Fax (327-5535) or email: cpintake@co.itasca.mn.us. Itasca County Sheriff's Department (326-3477) or Grand Rapids Police Department (326-3464). If necessary, mail forms to Itasca County Health & Human Services, 1209 S.E. 2nd Ave., Grand Rapids, MN 55744.

Alleged Victim(s)			Parent/Guardian Name		
Child's Name (First, Middle, Last)			Street		Apt. #
D.O.B.	School/Day Care	Grade	City	State	Zip
Child's Name (First, Middle Last)			Home Phone		Work Phone
D.O.B.	School/Day Care	Grade	Parent/Guardian Name		
Alleged Perpetrator (If known)			Apt. #		
Name	Relationship to Child		City		State Zip
Street			Home Phone		Work Phone
City	State	Zip			
Phone					

Give nature and extent of the suspected abuse or neglect, including any information of previous abuse or neglect; family composition and any other information which may be helpful in protecting the health and welfare of the child(ren). If additional space is needed, attach additional pages. (BE SPECIFIC. ANSWER: WHO, WHAT, WHERE, WHEN, WHY, HOW OFTEN.)

Name of Reporter	Reporter's Relationship to Child(ren)
Reporter's Address	Reporter's Phone
Person Completing Form	Date
Law Enforcement/Human Services Person Notified	Date
For School Personnel Only (Persons Notified)	
School Nurse	Counselor