CLAY COUNTY CHILD ABUSE-NEGLECT REPORT

Clay County Social Services, 715 North 11th Street, Suite 502, Moorhead MN 56560 Phone 218.299.5200 Fax 218.299.7515

CASE NAME_____ Date_____ Time_____

Report Received By_____ Type: _____Physical _____Sexual _____Neglect

REPORTER/COMPLAINANT:

Name_____ Relationship_____

Address_____ Mandated Reporter: _____*Yes _____No

_____ *If Yes, written report is required.

Phone Number_____

FAMILY INFORMATION:

FATHER_____ Marital status_____ Date of Birth_____

Address_____ Phone_____

_____ Custody (if applies)_____

Place of Employment_____ Phone_____

MOTHER_____ Marital status_____ Date of Birth_____

Address_____Phone_____

_____ _____ Custody (if applies)_____

Place of Employment_____ Phone_____

CHILDREN

[ ]_____Address_____ School _____DOB/Age_____ Sex_____

[ ]_____Address_____ School _____DOB/Age_____ Sex_____

[ ]_____Address_____ School _____DOB/Age_____ Sex_____

[ ]_____Address_____ School _____DOB/Age_____ Sex_____

"x" Victim

Native American Child ___Yes ___No Tribal Affiliation ___ Yes ___No Tribe_____

Is there imminent risk to child? _____Yes _____No

ALLEGED OFFENDER:

Name_____ Relationship_____

Address_____ Place of Employment_____

_____Work Phone_____

Phone_____ Does child reside with offender_____

Risks to Investigator_____

NATURE OF COMPLAINT: (Describe alleged date, time, place, severity/ frequency, visible injury/harm, previous child protection involvement, mental or developmental disabilities of child or parent, parent's willingness to protect, family stresses, history of domestic violence, current/previous services)

PLEASE USE ADDITIONAL PAGE IF NECESSARY (CCSS May 2007)

Important Note: After completing and printing the form, make sure you CLEAR the form by clicking the "CLEAR FORM" button below. If you do not CLEAR the form, your information will be disclosed to those persons subsequently using the computer.

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