Le Sueur County – Suspected Child Maltreatment Report Form

Report Mandated: ☐ Y ☐ N	Date of Complaint:	Time:

Reporter:

First Name:	Middle:	Last:	
Agency/School:			Phone:
Address:		City:	State:
Basis for Complaint: ☐ Personal Observation		☐ Other:	

Alleged Victim:

First Name:		Middle:	Last:
DOB:	Age:	SSN:	Gender: ☐M ☐F
Race:	Hispanic ☐Y ☐N	Native American: ☐Y ☐N	If yes, list tribe:
Phone:		Address:	
School Name:		Grade:	
Address:		Phone:	
List Any Known Disabilities:			

List Siblings in Home: Please Check Box Behind Their Name: Biological – B, Step – S, Or Half – H; Sibling

First Name:	Middle:	Last:		☐B ☐ S ☐H
DOB:	Age:	SSN:	Gender: ☐ M/ ☐ F	
Race:	Hispanic ☐Y ☐N	Native American: ☐Y ☐N	If yes, list tribe:	
Phone:		Address:		
School Name:		Grade:		
Address:		Phone:		
List Any Known Disabilities:				

First Name:	Middle:	Last:		☐B ☐ S ☐H
DOB:	Age:	SSN:	Gender: ☐ M/ ☐ F	
Race:	Hispanic ☐Y ☐N	Native American: ☐Y ☐N	If yes, list tribe:	
Phone:		Address:		
School Name:		Grade:		
Address:		Phone:		
List Any Known Disabilities:				

First Name:	Middle:	Last:		☐B ☐ S ☐H
DOB:	Age:	SSN:	Gender: ☐ M/ ☐ F	
Race:	Hispanic ☐Y ☐N	Native American: ☐Y ☐N	If yes, list tribe:	
Phone:		Address:		
School Name:		Grade:		
Address:		Phone:		
List Any Known Disabilities:				

First Name:	Middle:	Last:		☐B ☐ S ☐H
DOB:	Age:	SSN:	Gender: ☐ M/ ☐ F	
Race:	Hispanic ☐Y ☐N	Native American: ☐Y ☐N	If yes, list tribe:	
Phone:		Address:		
School Name:		Grade:		
Address:		Phone:		
List Any Known Disabilities:				

(Attach additional page(s) with this information if there are more people in the home.)

Family Information:			
Parent #1 (☐ Biological / ☐ Step Parent)			
First Name:		Middle:	Last:
DOB:	Age:	SSN:	Gender: ☐M ☐F
Race:	Hispanic ☐Y ☐N	Native American: ☐Y ☐N	If yes, list tribe:
Phone:		Address:	
Employer Name:		Position:	
Address:		Phone:	
Legal Custody (list children's names):			
Physical Custody (list children's names):			
Parent #2 (☐ Biological / ☐ Step Parent)			
First Name:		Middle:	Last:
DOB:	Age:	SSN:	Gender: ☐M ☐F
Race:	Hispanic ☐Y ☐N	Native American: ☐Y ☐N	If yes, list tribe:
Phone:		Address:	
Employer Name:		Position:	
Address:		Phone:	
Legal Custody (list children's names):			
Physical Custody (list children's names):			
Parent #3 (☐ Biological / ☐ Step Parent)			
First Name:		Middle:	Last:
DOB:	Age:	SSN:	Gender: ☐M ☐F
Race:	Hispanic ☐Y ☐N	Native American: ☐Y ☐N	If yes, list tribe:
Phone:		Address:	
Employer Name:		Position:	
Address:		Phone:	
Legal Custody (list children's names):			
Physical Custody (list children's names):			
Parent #4 (☐ Biological / ☐ Step Parent)			
First Name:		Middle:	Last:
DOB:	Age:	SSN:	Gender: ☐M ☐F
Race:	Hispanic ☐Y ☐N	Native American: ☐Y ☐N	If yes, list tribe:
Phone:		Address:	
Employer Name:		Position:	
Address:		Phone:	
Legal Custody (list children's names):			
Physical Custody (list children's names):			

Alleged Perpetrator:			
First Name:	Middle:	Last:	
Relationship to Victim:		Lives in same home: ☐Y ☐N	
DOB:	Age:	SSN:	Gender: ☐ M/ ☐ F
Race:	Hispanic ☐Y ☐N	Native American: ☐Y ☐N	If yes, list tribe:
Phone:		Address:	
Employer/School Name:		Position/Grade:	
Address:		Phone:	
List Any Known Disabilities:			

Nature of Complaint: Describe the incident(s) that have occurred:

Additional Clients or Collaterals:		
First Name:	Middle:	Last:
Phone:	Address:	Gender: ☐ M ☐ F
First Name:	Middle:	Last:
Phone:	Address:	Gender: ☐ M ☐ F
First Name:	Middle:	Last:
Phone:	Address:	Gender: ☐ M ☐ F