

**MANDATED REPORT FORM  
CHILD ABUSE OR NEGLECT REPORT**

Was complaint phone to Goodhue County Social Services?

Yes      No      If yes, date reported and to whom: \_\_\_\_\_

If no, contact Intake at (651) 385-3200

Children Involved:

NAME	DATE OF BIRTH	SOCIAL SECURITY #	SEX	RACE
MOTHER'S NAME				
FATHER'S NAME				

Children's Address:

Phone Number:

Name of Alleged Perpetrator of Abuse or Neglect

Relationship to child(ren)

Person(s) the child(ren) living with when abuse/neglect occurred

Address where abuse/neglect occurred

Describe injury or condition and reason for suspicion of abuse or neglect:

\*Attach additional sheets if necessary

Reporter's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_