ANOKA COUNTY HUMAN SERVICES DIVISION
REFERRAL OF SUSPECTED CHILD ABUSE/NEGLECT

Please complete as much of the requested information as possible.

FAMILY INFORMATION:

Date of Report: _____

Child's Name: _____

Date of birth or age: _____

Name of School (or daycare): _____

Grade: _____

Parent(s)/Guardian: Name: _____
Address: _____
Home Phone: _____ Work Phone: _____

Other children in the home (list names and DOB, if known): _____

PERSONS NOTIFIED OF THIS REPORT:

- ☐ Child
- ☐ Parent
- ☐ Alleged Perpetrator
- ☐ Police
- ☐ Principal
- ☐ Nurse/health aide
- ☐ Counselor/School Social Worker
- ☐ Other:_____

Name of alleged perpetrator: _____
Relationship to child: _____

Address: _____
Phone: _____

REASON FOR REFERRAL: *(Please include conditions, dates, descriptions of injury, statements of child, etc.)*

_____

Reporter's Name: _____

Date: _____

Agency/School: _____
Address: _____
Phone: _____

You may send a copy to:

Anoka County Human Services Division
Child Protection Intake
2100 3rd Avenue, Suite 500
Anoka, MN 55303-5049

Or fax to: (763) 422-6929

To make oral reports please call (763) 422-7125.

You will receive an outcome report after the investigation is complete.