

# County Contact Information for Suspected Child Maltreatment

## **Blue Earth:**

Blue Earth County Human Services                      Phone: (507) 304-4319  
410 South Fifth St.    Fax: (507) 304-4387  
P.O. Box 3526  
Mankato, MN 56002-3526

## **LeSueur:**

LeSueur County Human Services                      Phone: (507) 357-8288  
88 South Park Ave.    Fax: (507) 357-6122  
Le Center, MN 56057

## **Nicollet:**

Nicollet County Social Services                      Phone: (507) 934-8559  
108 South Minnesota Ave. Suite #200                      Fax: (507) 931-9562  
Saint Peter, MN 56082

## **Sibley:**

Sibley County Human Services                      Phone: (507) 237-4000  
P. O. Box 237    Fax: (507) 237-4031  
111 Eighth Street  
Gaylord, MN 55334

\*In situation of evening or weekend, contact 911 or local sheriff's department

**Suspected Child Maltreatment Report**

*Minnesota Valley Education District*

Date of Complaint: \_\_\_\_\_ Time: \_\_\_\_\_

Abuse being reported:  Neglect  Physical  Sexual  Emotional  Threatened Abuse

**Reporter Information:**

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Agency/School: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Basis for Complaint:  Personal Observation  Reported by Victim

Other \_\_\_\_\_

**Victim Information:**

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Sex:  M  F

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Known Disabilities/Medical Conditions: \_\_\_\_\_

**Family Information:**

*Mother*

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Legal Custody: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Known Disabilities/Medical Conditions: \_\_\_\_\_

*Father*

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Legal Custody: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Known Disabilities/Medical Conditions: \_\_\_\_\_

*Siblings*

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Sex:  M  F

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Known Disabilities/Medical Conditions: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Sex:  M  F

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Known Disabilities/Medical Conditions: \_\_\_\_\_

- Attach sheet if more siblings need to be listed



