

Des Moines Valley Health & Human Services
CHILD PROTECTION INTAKE REPORT/MANDATED REPORT FORM

AGENCY USE ONLY:

<u>Type of Report:</u>	<u>Check One:</u>	<u>Check One:</u>	<u>Check One:</u>
<input type="checkbox"/> Mandatory	<input type="checkbox"/> Face to Face	<input type="checkbox"/> Regular Intake	<input type="checkbox"/> Office
<input type="checkbox"/> Voluntary	<input type="checkbox"/> Phone Call	<input type="checkbox"/> On-Call Emergency	<input type="checkbox"/> Field
<input type="checkbox"/> Anonymous	<input type="checkbox"/> Correspondence	<input type="checkbox"/> I & R	

REPORTER COMPLETE AS MUCH AS POSSIBLE:

Date of Report: _____ Time of Report: _____ am/pm

REPORTER INFORMATION:

Reporter's Name: _____ Reporter's Phone #: _____

Reporter's Address: _____

Relationship of Reporter to Victim: _____

Does the family know this is being reported: yes no unsure

Why is the caller reporting at this time: _____

Does the caller know of other interventions (either previous or current) that the family has received? (Previous reports, other agencies involved, problems in the family, health, marital, financial, violence etc.) _____

CHILD/CHILDREN INFORMATION:

Name of Victim: _____

Physical Address of Victim: _____

County of Residence: _____ ph. # _____ Gender: M F

DOB: _____ Race: _____ SS# _____ Grade: _____

Indian Heritage Y/N: _____ If Yes, which Tribe?: _____

Primary Language: _____ School: _____ Disability: _____

Where is/are the child/children now: _____

Are they in present / imminent danger now: _____

OFFENDER INFORMATION:

Name of Offender: _____

Physical Address of Offender: _____

Offender's PH #: _____ DOB or estimate age _____ Gender: M F

Relationship of Offender to Victim: _____

Disability: _____ Employment: _____ Work Hours _____

Basis for Complaint: Abuse Neglect Sexual Personal Observation
 Word of Mouth Medical Reports Police School Other _____

Nature of the Problem: (Be specific – circumstances leading to the suspicion that the child is abused/neglected; what was seen or heard and by whom; dates & times; if physical injury-nature and extent of injury, is there a mark; location, size of wound). Please clarify if there is more than one child, which children are involved. Where were the parents when this occurred? Are they aware of the abuse/neglect? Screening decisions are often based on negative impact to the child. Please clarify this.

