

**Nobles County Suspected Child Abuse/Neglect Report**

Reported By \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_

People With Add. Info/Knowledge \_\_\_\_\_

**Child(ren) Information**

Name \_\_\_\_\_ (Vic \_\_\_ Sib \_\_\_) Sex \_\_\_\_\_ Birthdate \_\_\_\_\_ School/Grade \_\_\_\_\_

Name \_\_\_\_\_ (Vic \_\_\_ Sib \_\_\_) Sex \_\_\_\_\_ Birthdate \_\_\_\_\_ School/Grade \_\_\_\_\_

Name \_\_\_\_\_ (Vic \_\_\_ Sib \_\_\_) Sex \_\_\_\_\_ Birthdate \_\_\_\_\_ School/Grade \_\_\_\_\_

Name \_\_\_\_\_ (Vic \_\_\_ Sib \_\_\_) Sex \_\_\_\_\_ Birthdate \_\_\_\_\_ School/Grade \_\_\_\_\_

Name \_\_\_\_\_ (Vic \_\_\_ Sib \_\_\_) Sex \_\_\_\_\_ Birthdate \_\_\_\_\_ School/Grade \_\_\_\_\_

**Family Information**

Father

Mother

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone (Res/Bus) \_\_\_\_\_

Place of Employment \_\_\_\_\_

Other Names Known By \_\_\_\_\_

Previous Spouse(s) \_\_\_\_\_

Language \_\_\_\_\_

**Perpetrator**

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_\_

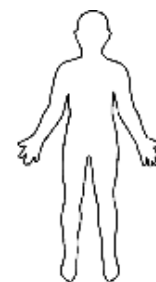
Address \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to Child \_\_\_\_\_ Place of Employment \_\_\_\_\_

Other Names Known By \_\_\_\_\_ Previous Spouse(s) \_\_\_\_\_

**Nature of Complaint (Who, What, Where, How, Date/Time of Incident)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Draw  
location of  
injuries

You must report any suspected abuse/neglect within 24 hours.  
Please follow up to any phoned-in report by faxing this written report as soon as possible.

Phone #: 507-295-5213  
Fax #: 507-372-5094