

## CHILD MALTREATMENT REPORT

Please mail to: **Otter Tail County Human Services - Intake**  
**530 Fir Ave West, Fergus Falls MN 56537-1364**  
**218-998-8150**

Date of Report: \_\_\_\_\_ Time of Report: \_\_\_\_\_

**Incident Type:**

- |                                   |                                     |                                    |  |
|-----------------------------------|-------------------------------------|------------------------------------|--|
| <input type="checkbox"/> Physical | <input type="checkbox"/> Sexual     | <input type="checkbox"/> Neglect   | <input type="checkbox"/> Child Welfare |
| <input type="checkbox"/> Family   | <input type="checkbox"/> Non-Family | <input type="checkbox"/> Caretaker | <input type="checkbox"/> Facility      |

**ALLEGED VICTIM INFORMATION**

Full Name	DOB	Age	M/F	School	Grade

**VICTIM(S)**

Street Address	Phone

**PARENT(S)/GUARDIAN(S)**

Full Name	DOB	Relationship
Address		Phone
Employer	Phone	Work Hours

Full Name	DOB	Relationship
Address		Phone
Employer	Phone	Work Hours

**ALLEGED PERPETRATOR**

Full Name	DOB	Relationship
Address		Phone
Employer	Phone	Work Hours

