



CHILD PROTECTION REPORT
NICOLLET COUNTY HEALTH & HUMAN SERVICES

St Peter Office
622 South Front Street | St Peter MN 56082
Phone: (507) 934-8559 | Fax: (507) 934-8552
North Mankato Office
2070 Howard Drive | North Mankato MN 56003
Phone: (507) 386-4528 | Fax: (507) 934-8552

REPORTER

Name
Address
Profession
Phone
Mandated Reporter YES NO

Is Reporter a Licensed Day Care or Foster Care Provider? YES NO
Is Alleged Offender a Licensed Day Care or Foster Care Provider? YES NO
Is maltreatment alleged to have occurred in a Licensed Day Care or Foster Care Home or Facility? YES NO

ALLEGED OFFENDER

Name
Address
Social Security Number
Date of Birth
Place of Employment
Phone
Relationship to Family
Access to Alleged Victim

ALLEGED VICTIM

Name
Age
DOB
Gender Female Male
Address
Phone
Social Security Number
School
Mother
Social Security Number
Employer
Phone
Address & Phone (if different from above)
Father
Social Security Number
Employer
Phone
Address & Phone (if different from above)

Other Children in Household	Age	DOB	Gender		School
			<input type="checkbox"/> Female	<input type="checkbox"/> Male	
			<input type="checkbox"/> Female	<input type="checkbox"/> Male	
			<input type="checkbox"/> Female	<input type="checkbox"/> Male	
			<input type="checkbox"/> Female	<input type="checkbox"/> Male	
			<input type="checkbox"/> Female	<input type="checkbox"/> Male	

Summary of Report: (Include when and where incident occurred, observable injury, etc.) If Further space is required, Please attach additional sheets.

History of Concerns:

Other Witnesses:

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Parents aware of Report: YES NO