



## CHILD MALTREATMENT REPORT

Please mail or Fax: **Otter Tail County Human Services - Intake**  
530 Fir Ave West, Fergus Falls MN 56537-1364  
218-998-8150 / fax 218-998-8213  
E-mail to: [otcvacp@co.ottertail.mn.us](mailto:otcvacp@co.ottertail.mn.us)

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

**Incident Type:**

- Physical       Sexual       Neglect       Child Welfare  
 Family       Non-Family       Caretaker       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



