REPORT OF SUSPECTED CHILD ABUSE OR NEGLECT

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
CHILDREN AND FAMILY SERVICES
SFN 960 (6-2015)

Clear Fields

Name of Child(ren)	Age or Birthdate

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IDENTIFYING INFORMATION

Name of Parent(s)/Caretaker		Telephone Number	
Address	City	State	ZIP Code
Name of Subject (Person(s) Suspected to be Causing Maltreatment)		Telephone Number	
Address	City	State	ZIP Code

Give nature and extent of the suspected abuse or neglect, including any information of previous abuse or neglect; family composition; and any other information which may be helpful in protecting the health and welfare of the child(ren). If additional space is needed, attach additional pages. **(BE SPECIFIC. ANSWER WHO, WHAT, WHEN, WHY, HOW OFTEN).**

Name of Reporter	Reporter's Relationship to Children	Telephone Number	
Address	City	State	ZIP Code
Signature of Reporter		Date	

AGENCY USE ONLY

Date and Time Received by Agency	Name of Intake Social Worker	Source	Date of Entry
Report Number	Assessment Number	Case Number	
Name of Social Worker Assigned to Case	Received By ☐ In Person ☐ Telephone ☐ Written	Initial Category ☐ A ☐ B ☐ C	

Please submit the completed form to the county social service office where the child is currently physically located. Contact information for county social service offices can be found at: www.nd.gov/dhs/locations/countysocialserv