

McLaren Print System Order

Order No: 56147 Reprint Previous Order No: 56146
 Order Date: 2020-08-18
 User: Marie Kelsey
 Phone: 586-493-8010

Ship Location: **MCLAREN MACOMB/ Case Mgmt- 1st floor near IP Pharmacy**
1000 HARRINGTON BLVD
MT. CLEMENS, MI 48043

Forms

Quantity: 100
 Paragon Dept No: 91570
 Dept Name: Case Management
 Company Number: 260

Order Total Price: 0.00

Item Number: DHS-3200
 Item Description: Report of Actual or Suspected Child Abuse or Neglect
 Revision Date: 10/2015
 Print: 2 sided black and white
 Paper: 20# White Text
 Size: 8.5 x 11
 Fold:
 Finish: None
 Drill: None
 Misc Info: ds; black

REPORT OF ACTUAL OR SUSPECTED CHILD ABUSE OR NEGLECT
 Michigan Department of Health and Human Services

Also available online at MICHIGAN.gov Yes No Print Log Off If no internet. Contacted inside (800) 486-3811 immediately

INSTRUCTIONS: REPORTING PERSON: Complete items 1-19 (20-28 should be completed by medical personnel, if applicable). Send to: Centralized Intake at the address list on page 2.

1. List of children suspected of being abused or neglected (check additional sheets if necessary):

NAME	BIRTH DATE	RACIAL	SEX	RACE

2. Mother's name _____
 3. Father's name _____
 4. Children's address (No. & Street) _____
 5. City _____ 6. County _____ 7. Phone No. _____
 8. Name of alleged perpetrator of abuse or neglect _____
 9. Relationship to children _____
 10. Perpetrator the child(ren) living with when abuse/neglect occurred _____
 11. Address, City & Zip Code where abuse/neglect occurred _____
 12. Describe type or condition and reason for suspicion of abuse or neglect _____

14. Source of Complaint (check reporter code below):

01 Private Physician/Physician's Assistant	11 School Nurse	40 1800NHS Facility Social Worker
02 Hospital/Physician/Physician's Assistant	12 Teacher	41 Child Facility Social Worker
03 Licensed Medical Examinator	13 School Administrator	42 Other Public Social Worker
04 Licensed Registered Dental Hygienist	14 School Counselor	43 Private Agency Social Worker
05 Nurse (Not School)	15 Law Enforcement	44 Court Social Worker
06 Physician/PA/PT	20 Domestic Violence Provider	45 Other Social Worker
07 Psychologist	21 Friend of the Court	46 Child Welfare Investigator
08 Management/Health Personnel	22 Clergy	48 Social Services Supervisor/Manager (CPL, PC, etc.)
09 Licensed Counselor	23 Child Care Provider	49 Court Professional
	41 Hospital/Clinic Social Worker	

15. Reporting person's name _____ Report Code (see above) _____
 16. Name of reporting organization (school, hospital, etc.) _____
 17a. City _____ 17b. State _____ 17c. Zip Code _____ 17d. Phone No. _____
 18. Reporting person's name _____ Report Code (see above) _____
 19. Name of reporting organization (school, hospital, etc.) _____
 20a. City _____ 20b. State _____ 20c. Zip Code _____ 20d. Phone No. _____
 19. Reporting person's name _____ Report Code (see above) _____
 20. Name of reporting organization (school, hospital, etc.) _____
 21a. City _____ 21b. State _____ 21c. Zip Code _____ 21d. Phone No. _____
 20. Reporting person's name _____ Report Code (see above) _____
 21. Name of reporting organization (school, hospital, etc.) _____
 22a. City _____ 22b. State _____ 22c. Zip Code _____ 22d. Phone No. _____
 21. Reporting person's name _____ Report Code (see above) _____
 22. Name of reporting organization (school, hospital, etc.) _____
 23a. City _____ 23b. State _____ 23c. Zip Code _____ 23d. Phone No. _____