

McLaren Print System Order

Order No: 57892 Reprint Previous Order No: 5538
 Order Date: 2020-10-27
 User: Jessica Derkacz
 Phone: 8107149660

Ship Location: Family Medicine Fenton
 17200 Silver Pkwy.
 Fenton, MI 48430

Forms

Quantity: 100
 Paragon Dept No: 50022
 Dept Name: Family Medicine Fenton
 Company Number: 810

Order Total Price: 0.00

Item Number: DHS-3200
 Item Description: Report of Actual or Suspected Child Abuse or Neglect
 Revision Date: 6/2018
 Print: 2 sided black and white
 Paper: 20# White Text
 Size: 8.5 x 11
 Fold:
 Finish:
 Drill: None
 Misc Info: ds; black & White; Bond

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

File Complete/Printed to [Device] Yes No File: [State] [City] # [File Number] (Serialized) [Date] [Time] [User]

Additional Fields: REPUBLICAN/DEMOCRATIC Complete items 1-10 (20-28) should be completed by medical personnel. [] Date
 (If applicable, Send to Commission intake at the address listed on page 2.)

1 Use of Children Suspected of Being Abused or Neglected: No Yes *To avoid additional costs, list all the child's full name in this line.*

NAME	BIRTH DATE	SOCIAL SECURITY #	SEX	RACE

3 Mother's Name: []
 4 Father's Name: []
 5 Children's Address (No. & Street): [] City: [] County: [] Phone No: []
 6 Name of Alleged Perpetrator of Abuse or Neglect: [] Relationship to Children: []
 7 Location: The Children's Living With When Abuse/Neglect Occurred: [] Address, City & Zip Code Where Abuse/Neglect Occurred: []
 8 Describe Injury or Conditions and Reason for Suspicion of Abuse or Neglect: []

9a Source of Complaint (Add reporter code below):

01 Private Physician/Physician's Assistant	17 School Nurse	40 MCHHS Facility Social Worker
02 Hospital/Out-Physician/Physician's Assistant	18 Teacher	41 DMH Family Social Worker
03 Coroner/Medical Examiner	19 School Administrator	42 DMH Public Social Worker
04 Dentist/Registered Dental Hygienist	20 School Counselor	43 Public Agency Social Worker
05 Adult/Child	21 Law Enforcement	44 Child Social Worker
06 Nurse (Not School)	22 Community Violence Prevention	45 Other Social Worker
07 Paramedic/EMT	23 Friend of the Court	46 FMSIS Worker/Supervisor
08 Psychologist	24 Clergy	47 Social Services Supervisor/Manager (DHS, AC, etc.)
09 Substance Abuse Therapist	25 Child Care Provider	50 Court Personnel
10 Community Coordinator	48 Headstart/Early Social Worker	

10 Reporting Person's Name: [] Report Code (see above): [] Name of Reporting Organization (school, hospital, etc.): []
 11a Address (No. & Street): [] City: [] State: [] Zip Code: [] Phone Number: []
 11b Reporting Person's Name: [] Report Code (see above): [] Name of Reporting Organization (school, hospital, etc.): []
 11c Address (No. & Street): [] City: [] State: [] Zip Code: [] Phone Number: []
 11d Reporting Person's Name: [] Report Code (see above): [] Name of Reporting Organization (school, hospital, etc.): []
 11e Address (No. & Street): [] City: [] State: [] Zip Code: [] Phone Number: []
 11f Reporting Person's Name: [] Report Code (see above): [] Name of Reporting Organization (school, hospital, etc.): []
 11g Address (No. & Street): [] City: [] State: [] Zip Code: [] Phone Number: []
 11h Reporting Person's Name: [] Report Code (see above): [] Name of Reporting Organization (school, hospital, etc.): []
 11i Address (No. & Street): [] City: [] State: [] Zip Code: [] Phone Number: []
 11j Reporting Person's Name: [] Report Code (see above): [] Name of Reporting Organization (school, hospital, etc.): []
 11k Address (No. & Street): [] City: [] State: [] Zip Code: [] Phone Number: []

DHS-3200 (Rev. 6/18) Previous editions may be used. 1