 **Only use arrow down/up keys to navigate. Do not use tab key.**

**DHS-3200, report of actual or suspected child abuse or neglect**

Michigan Department of Health and Human Services (MDHHS)

(Revised 8-23)

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| **INSTRUCTIONS**: REPORTING PERSON: Complete items 1-12 (13-25 should be completed by medical personnel, if applicable). Send to Centralized Intake via a method listed on page 2.If only reporting an infant was born exposed to alcohol, a controlled substance, or metabolite, administered to the infant or birthing parent because of medical treatment, notify the Centralized Intake hotline. **Do not use the MDHHS-3200**. |

**section 1 – intake information**

|  |  |  |
| --- | --- | --- |
| 1. Date

 | 1. Was this referral phoned to MDHHS?

[ ]  Yes [ ]  No | If yes, Intake Identification (ID) Number |

|  |
| --- |
| If no, contact Centralized Intake (855-444-3911) immediately. |

**section 2 – child information**

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| 1. List the child(ren) suspected of being abused or neglected (attach additional sheets if necessary).
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|  |  |  |
| --- | --- | --- |
| Name of Child Number 1 | Birthdate | Social Security Number |

|  |  |  |
| --- | --- | --- |
| Sex at Birth | Gender Identity | Race |

|  |  |  |
| --- | --- | --- |
| Name of Child Number 2 | Birthdate | Social Security Number |

|  |  |  |
| --- | --- | --- |
| Sex at Birth | Gender Identity | Race |

|  |  |  |
| --- | --- | --- |
| Name of Child Number 3 | Birthdate | Social Security Number |

|  |  |  |
| --- | --- | --- |
| Sex at Birth | Gender Identity | Race |

|  |  |  |
| --- | --- | --- |
| Name of Child Number 4 | Birthdate | Social Security Number |

|  |  |  |
| --- | --- | --- |
| Sex at Birth | Gender Identity | Race |

|  |  |  |
| --- | --- | --- |
| Name of Child Number 5 | Birthdate | Social Security Number |

|  |  |  |
| --- | --- | --- |
| Sex at Birth | Gender Identity | Race |

**section 3 – primary caregiver information**

|  |  |  |
| --- | --- | --- |
| 1. Name of Primary Caregiver

 | Birthdate | Relationship to Child(ren) |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sex at Birth | Gender Identity | Race | Ethnicity | Phone Number |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Primary Caregiver Street Address

 | City | State | Zip Code |

|  |
| --- |
|  |

**section 4 – alleged Perpetrator information**

|  |  |  |
| --- | --- | --- |
| 1. Name of Alleged Perpetrator

 | Birthdate | Relationship to Child(ren) |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sex at Birth | Gender Identity | Race | Ethnicity | Phone Number |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Alleged Perpetrator Street Address

 | City | State | Zip Code |

**section 5 – abuse/neglect information**

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| --- | --- |
| 1. When did the abuse/neglect occur?

 | 1. Address where abuse/neglect occurred or description if unknown.

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| 1. What suspected abuse/neglect occurred? Include details of who, what, and how. Attach additional sheets if necessary.

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**section 6 – reporting source (rs) information**

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| Available RS Codes: |

|  |  |  |
| --- | --- | --- |
| 01 Athletic Trainer02 Audiologist03 Child Care Provider04 Clergy05 Coroner/Medical Examiner06 Court Personnel07 Dentist/Registered Dental Hygienist08 DMH Facility Personnel09 DMH Facility Social Worker10 Domestic Violence Provider11 FIS/ES Worker/Supervisor12 Friend of the Court | 13 Hospital/Clinic Personnel14 Hospital/Clinic Social Worker15 Hospital/Clinic Physician/Physician’s Assistant16 Law Enforcement Personnel17 Licensed Therapist/Counselor18 Marriage/Family Therapist19 MDHHS Facility Personnel20 MDHHS Facility Social Worker21 Nurse (non-school)22 Other Public Social Agency Personnel23 Other Public Social Worker24 Other School Personnel | 25 Occupational Therapist26 Other Social Worker27 Paramedic/EMT28 Physical Therapist/Physical Therapist Assistant29 Private Agency Social Worker30 Private Physician/Physician’s Assistant31 Private Social Agency Personnel32 Psychologist33 School Administrator34 School Counselor35 School Nurse36 Social Services Specialist/Manager (CPS, CFC, etc.)37 Teacher |

|  |  |
| --- | --- |
| 1. Name of Reporting Source

 | RS Code (see above) |

|  |  |
| --- | --- |
| Name of Reporting Organization (school, hospital, etc.) | Phone Number |

|  |  |  |  |
| --- | --- | --- | --- |
| Street Address | City | State | Zip Code |

|  |  |
| --- | --- |
| 1. Additional Reporting Source Name

 | RS Code (see above) |

|  |  |
| --- | --- |
| Name of Reporting Organization (school, hospital, etc.) | Phone Number |

|  |  |  |  |
| --- | --- | --- | --- |
| Street Address | City | State | Zip Code |

**SECTION 7 – to be completed by medical personnel when physical examination has been done**

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| 1. Summary report and conclusions of physical examination, including laboratory and x-ray results (attach medical documentation).

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| 1. Following injuries present

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| --- |
| 1. These injuries are (select one)

[ ]  Concerning for physical abuse [ ]  Highly concerning for physical abuse[ ]  Diagnostic of physical abuse |

|  |
| --- |
| 1. Is the injury consistent with the history provided by the caretaker(s)?

[ ]  Yes [ ]  No [ ]  Possibly [ ]  Unknown |

|  |
| --- |
| 1. These injuries caused

[ ]  Death of a child [ ]  Hospitalization required [ ]  Medical treatment but no hospitalization[ ]  Exam only of alleged injuries – no medical treatment required[ ]  Bruises, cuts, abrasions, or other injuries – no medical treatment required |

|  |
| --- |
| 1. Select if applicable

[ ]  Child discharged [ ]  Child admitted to hospital[ ]  Sibling(s) should have medical evaluation(s) [ ]  Other |

|  |
| --- |
| 1. If the concern is medical neglect, what is the immediate consequence to the child’s health if treatment is not sought or continued?

[ ]  Continued symptoms [ ]  Significant complications to health [ ]  Severe impairment or death[ ]  N/A |

|  |
| --- |
| 1. Additional information (specify)

 |

|  |
| --- |
| 1. History or physical signs of previous abuse/neglect

[ ]  Yes [ ]  No |

|  |
| --- |
| 1. Prior hospitalization or medical examination for this child
 |

|  |  |
| --- | --- |
| Dates | Places |

|  |  |
| --- | --- |
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| --- | --- | --- |
| 1. Physician Name and Signature

 | 1. Date

 | 1. Hospital (if applicable)

 |

**(Do not type beyond this point)**

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| --- |
| The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group on the basis of race, national origin, color, sex, disability, religion, age, height, weight, familial status, partisan considerations, or genetic information. Sex-based discrimination includes, but is not limited to, discrimination based on sexual orientation, gender identity, gender expression, sex characteristics, and pregnancy. |
| **AUTHORITY:** P.A. 238 of 1975. **COMPLETION:** Mandatory**. PENALTY:** None**.** |

**INSTRUCTIONS**

GENERAL INFORMATION:

This form is to be completed as the written follow-up to the oral report (as required in Sec. 3 (1) of 1975 PA 238, as amended) and sent to Centralized Intake for Abuse & Neglect. The reporting person is to fill out as completely as possible items 1-12. Only medical personnel should complete items 13-21.

If only reporting an infant was born exposed to alcohol, a controlled substance, or metabolite, administered to the infant or birthing parent because of medical treatment, notify the Centralized Intake hotline. Do not use the MDHHS-3200.

Mail this form to:

 Centralized Intake for Abuse & Neglect

 5303 28th Street Court S.E.

 Suite A

 Grand Rapids, MI 49546

Or fax this form to 616-977-1158 or 616-977-1154, or email this form to

MDHHS-CPS-CIGroup@michigan.gov.

1. Date – Enter the date the form is being completed.
2. Was this referral phoned to MDHHS? Indicate if this report was phoned into MDHHS as a report of suspected CA/N. If so, indicate the intake # (if known).
3. List child(ren) suspected of being abused or neglected – Enter available information for the child(ren) believed to be abused or neglected.
4. Name of primary caregiver – Enter the primary caregiver’s name and other available information.

**Note**: The primary caregiver is an adult, usually a parent or legal guardian living in the household, who assumes the most responsibility for the child’s care. When two adult caregivers are present and it is unknown which one assumes the most caretaking responsibility, the adult legally responsible for the children involved in the incident should be selected. If this does not resolve the question, the legally responsible adult identified as the alleged perpetrator should be selected.

1. Primary caregiver address – Enter the address and phone number of the primary caregiver.
2. Name of alleged perpetrator – Enter the alleged perpetrator’s name and other available information.
3. Alleged perpetrator address – Enter the address and phone number of the alleged perpetrator.
4. When did the abuse/neglect occur? – Enter the date, or approximate date of when the abuse or neglect occurred.
5. Address where abuse/neglect occurred.
6. Describe injury or conditions and reason of suspicion of abuse or neglect – Indicate the basis for making a report and the information available about the abuse or neglect.
7. Reporting Source – Enter name, code, and contact information for the reporting source.
8. Additional Reporting Source – Enter name, code, and contact information for the additional reporting source, if applicable.

**End of form**