This is an image of an up and down arrow key.  **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**

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| --- | --- | --- |
| 1. Date | 1. Was this referral phoned to MDHHS?   Yes  No | If yes, Intake Identification (ID) Number |

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| 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 |

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

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

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

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| --- | --- | --- |
| 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 |

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**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. |

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

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| Available RS Codes: |

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| --- | --- | --- |
| 01 Athletic Trainer  02 Audiologist  03 Child Care Provider  04 Clergy  05 Coroner/Medical Examiner  06 Court Personnel  07 Dentist/Registered Dental Hygienist  08 DMH Facility Personnel  09 DMH Facility Social Worker  10 Domestic Violence Provider  11 FIS/ES Worker/Supervisor  12 Friend of the Court | 13 Hospital/Clinic Personnel  14 Hospital/Clinic Social Worker  15 Hospital/Clinic Physician/Physician’s Assistant  16 Law Enforcement Personnel  17 Licensed Therapist/Counselor  18 Marriage/Family Therapist  19 MDHHS Facility Personnel  20 MDHHS Facility Social Worker  21 Nurse (non-school)  22 Other Public Social Agency Personnel  23 Other Public Social Worker  24 Other School Personnel | 25 Occupational Therapist  26 Other Social Worker  27 Paramedic/EMT  28 Physical Therapist/Physical Therapist Assistant  29 Private Agency Social Worker  30 Private Physician/Physician’s Assistant  31 Private Social Agency Personnel  32 Psychologist  33 School Administrator  34 School Counselor  35 School Nurse  36 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 |

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| 1. Is the injury consistent with the history provided by the caretaker(s)?   Yes  No  Possibly  Unknown |

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| 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 |

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| --- |
| 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 |

|  |
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| 1. Additional information (specify) |

|  |
| --- |
| 1. History or physical signs of previous abuse/neglect   Yes  No |

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| --- |
| 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](mailto: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**