REPORT OF SUSPECTED CHILD ABUSE OR NEGLECT

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CHILDREN AND FAMILY SERVICES
SFN 960 (9-2025)

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	Email Address		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 fax the completed form to the ND Child Protection Services Central Intake Unit at 701-328-0361 or submit to the local human service zone office where the child is currently physically located. Contact information for human service zone offices can be found at: https://www.hhs.nd.gov/service-locations