

DHS-3200, REPORT OF ACTUAL OR SUSPECTED CHILD ABUSE OR NEGLECT

Michigan Department of Health and Human Services (MDHHS)

(Revised 8-23)

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 _____ 2. Was this referral phoned to MDHHS? If yes, Intake Identification (ID) Number _____
 Yes No

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

SECTION 2 – CHILD INFORMATION

3. List the child(ren) suspected of being abused or neglected (attach additional sheets if necessary).

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

4. Name of Primary Caregiver _____ Birthdate _____ Relationship to Child(ren) _____

Sex at Birth _____ Gender Identity _____ Race _____ Ethnicity _____ Phone Number _____

5. Primary Caregiver Street Address _____ City _____ State _____ Zip Code _____

SECTION 4 – ALLEGED PERPETRATOR INFORMATION

6. Name of Alleged Perpetrator	Birthdate	Relationship to Child(ren)		
Sex at Birth	Gender Identity	Race	Ethnicity	Phone Number
7. Alleged Perpetrator Street Address	City	State	Zip Code	

SECTION 5 – ABUSE/NEGLECT INFORMATION

8. When did the abuse/neglect occur? 9. Address where abuse/neglect occurred or description if unknown.

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

SECTION 6 – REPORTING SOURCE (RS) INFORMATION

Available RS Codes:

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

11. Name of Reporting Source RS Code (see above)

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

Street Address City State Zip Code

12. 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

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

14. Following injuries present

15. These injuries are (select one)

- Concerning for physical abuse Highly concerning for physical abuse
 Diagnostic of physical abuse

16. Is the injury consistent with the history provided by the caretaker(s)?

- Yes No Possibly Unknown

17. 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

18. Select if applicable

- Child discharged Child admitted to hospital
 Sibling(s) should have medical evaluation(s) Other

19. 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

20. Additional information (specify)

21. History or physical signs of previous abuse/neglect

- Yes No

22. Prior hospitalization or medical examination for this child

Dates

Places

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.
5. Primary caregiver address – Enter the address and phone number of the primary caregiver.
6. Name of alleged perpetrator – Enter the alleged perpetrator's name and other available information.
7. Alleged perpetrator address – Enter the address and phone number of the alleged perpetrator.
8. When did the abuse/neglect occur? – Enter the date, or approximate date of when the abuse or neglect occurred.
9. Address where abuse/neglect occurred.
10. 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.
11. Reporting Source – Enter name, code, and contact information for the reporting source.
12. Additional Reporting Source – Enter name, code, and contact information for the additional reporting source, if applicable.