

A Mandated Reporter's Guide to Reporting Suspected Child Abuse & Neglect

The Child Protection Law requires mandated reporters who have reasonable cause to suspect child abuse or neglect to make an immediate report to the Michigan Department of Health & Human Services (MDHHS). Employer policy does NOT supersede Michigan Law.

Please do NOT interview the child or children. This is the job of the investigative team, not the reporter.

Ways to Report:

Contact MDHHS Centralized Intake at 855.444.3911

OR

Report online using the Michigan Online Reporting System (MORS) at michigan.gov/mandatedreporter

When reporting via phone:

- Be prepared to give as much demographic information as possible
- Providing the family's address is essential
- Provide detailed information including, statements made by the child or reasons behind the suspicion
- If human trafficking is suspected, make sure that is made known
- Submit a written report (DHS-3200) within 72 hours of report

When reporting via MORS:

- Create a MiLogin account
- Give as much demographic information as possible
- Provide the family's address
- Provide detailed information, including statements made by the child or reasons behind the suspicion
- If human trafficking is suspected, make sure that is made known

Creating a MORS Login Account

Reporting online eliminates the requirement to fill out a DHS-3200 form. If you call the hotline to report, please fax or email the completed DHS-3200 form to centralized intake within 72 hours. Do NOT use MORS if you have already called the hotline.

1. Go to www.michigan.gov/mandatedreporter. Scroll down to "Online Reporting Resources" and click "Michigan Online Reporting System"
2. Click the "Partnerships" option on the MI Bridges page
3. Click "Mandated Reporters"
4. Select a partner type to learn more or to register/login
5. Register to create your MORS login

Once you have created your MORS Login account, you can simply login in and report. Any report made via the Michigan Online Reporting System acts as a DSH-3200, so no written follow-up to the original report is required.

In an emergency, contact your local law enforcement.

For questions, or if you are unsure about reporting, please contact the Children's Advocacy Center of Kent County's non-emergent line at 616.336.3233.

REPORT OF ACTUAL OR SUSPECTED CHILD ABUSE OR NEGLECT

Michigan Department of Health and Human Services

Was Complaint Phoned to MDHHS?

☐ Yes ☐ No

▶ If yes, Intake ID # _____

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

INSTRUCTIONS: REPORTING PERSON: Complete items 1-19 (20-28 should be completed by medical personnel, if applicable). Send to Centralized Intake at the address listed on page 2.

1. Date

2. List of Child(ren) Suspected of Being Abused or Neglected. **To insert additional rows, tab at the end of last row to create a new row.**

NAME

BIRTH DATE

SOCIAL SECURITY #

SEX

RACE

"Click Here and Type"

3. Mother's Name

4. Father's Name

5. Child(ren)'s Address (No. & Street)

6. City

7. County

8. Phone No.

9. Name of Alleged Perpetrator of Abuse or Neglect

10. Relationship to Child(ren)

11. Person(s) The Child(ren) Living With When Abuse/Neglect Occurred

12. Address, City & Zip Code Where Abuse/Neglect Occurred

13. Describe Injury or Conditions and Reason for Suspicion of Abuse or Neglect

14. Source of Complaint (Add reporter code below)

01 Private Physician/Physician's Assistant 02 Hosp/Clinic Physician/Physician's Assistant 03 Coroner/Medical Examiner 04 Dentist/Register Dental Hygienist 05 Audiologist 06 Nurse (Not School) 07 Paramedic/EMT 08 Psychologist 09 Marriage/Family Therapist 10 Licensed Counselor	11 School Nurse 12 Teacher 13 School Administrator 14 School Counselor 21 Law Enforcement 22 Domestic Violence Providers 23 Friend of the Court 25 Clergy 31 Child Care Provider 41 Hospital/Clinic Social Worker	42 MDHHS Facility Social Worker 43 DMH Facility Social Worker 44 Other Public Social Worker 45 Private Agency Social Worker 46 Court Social Worker 47 Other Social Worker 48 FIS/ES Worker/Supervisor 49 Social Services Specialist/Manager (CPS, FC, etc.) 56 Court Personnel
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15. Reporting Person's Name

Report Code (see above)

15a. Name of Reporting Organization (school, hospital, etc.)

15b. Address (No. & Street)

15c. City

15d. State

15e. Zip Code

15f. Phone Number

16. Reporting Person's Name

Report Code (see above)

16a. Name of Reporting Organization (school, hospital, etc.)

16b. Address (No. & Street)

16c. City

16d. State

16e. Zip Code

16f. Phone Number

17. Reporting Person's Name

Report Code (see above)

17a. Name of Reporting Organization (school, hospital, etc.)

17b. Address (No. & Street)

17c. City

17d. State

17e. Zip Code

17f. Phone Number

18. Reporting Person's Name

Report Code (see above)

18a. Name of Reporting Organization (school, hospital, etc.)

18b. Address (No. & Street)

18c. City

18d. State

18e. Zip Code

18f. Phone Number

19. Reporting Person's Name

Report Code (see above)

19a. Name of Reporting Organization (school, hospital, etc.)

19b. Address (No. & Street)

19c. City

19d. State

19e. Zip Code

19f. Phone Number

TO BE COMPLETED BY MEDICAL PERSONNEL WHEN PHYSICAL EXAMINATION HAS BEEN DONE

20. Summary Report and Conclusions of Physical Examination (Attach Medical Documentation)			
21. Laboratory Report		22. X-Ray	
23. Other (specify)		24. History or Physical Signs of Previous Abuse/Neglect <input type="checkbox"/> YES <input type="checkbox"/> NO	
25. Prior Hospitalization or Medical Examination for This Child			
DATES		PLACES	
26. Physician's Signature		27. Date	28. Hospital (if applicable)
The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability.		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 mailed to Centralized Intake for Abuse & Neglect. Indicate if this report was phoned into MDHHS as a report of suspected CA/N. If so, indicate the Log # (if known). The reporting person is to fill out as completely as possible items 1-19. Only medical personnel should complete items 20-28.

Mail this form to:

Centralized Intake for Abuse & Neglect
 5321 28th Street Court, SE
 Grand Rapids, MI 49546

OR

Fax this form to 616-977-8900 or 616-977-8050 or 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. List child(ren) suspected of being abused or neglected – Enter available information for the child(ren) believed to be abused or neglected. Indicate if child has a disability that may need accommodation.
 3. Mother's name – Enter mother's name (or mother substitute) and other available information. Indicate if mother has a disability that may need accommodation.
 4. Father's name – Enter father's name (or father substitute) and other available information. Indicate if father has a disability that may need accommodation.
 - 5.-7. Child(ren)'s address – Enter the address of the child(ren).
 8. Phone Number – Enter phone number of the household where child(ren) resides.
 9. Name of alleged perpetrator of abuse or neglect – Indicate person(s) suspected or presumed to be responsible for the alleged abuse or neglect.
 10. Relationship to child(ren) – Indicate the relationship to the child(ren) of the alleged perpetrator of neglect or abuse, e.g., parent, grandparent, babysitter.
 11. Person(s) child(ren) living with when abuse/neglect occurred – Enter name(s). Indicate if individuals have a disability that may need accommodation.
 12. Address where abuse / neglect occurred.
 13. 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.
 14. Source of complaint – Check appropriate box noting professional group or appropriate category.
- Note:** If abuse or neglect is suspected in a hospital, also check hospital.
- 15.-19 - Reporting person's name - Enter the name and address of person(s) reporting this matter.