
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.

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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. Register to create your MORS login

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

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.