

Confidential Student Maltreatment Reporting Form

<i>Minnesota Department of Education staff use only</i>			
Intake Person	MDE File #	Investigator	Date Assigned
	<input type="checkbox"/> No Maltreatment <input type="checkbox"/> No Jurisdiction Other (Please explain)	Date Reporter Notified: _____ <input type="checkbox"/> Verbal <input type="checkbox"/> Written (Attach written correspondence)	
	PSN Date: _____		
<input type="checkbox"/> Written			

Date Submitted: _____ ISD#: _____ School District: _____
 School Name: _____ Program Name: _____
 Address: _____ City: _____ Zip: _____ Phone: _____
 Principal/Directo: _____ Phone: _____ (Ext): _____
 Transportation Information, if necessary: Contact: _____ Phone: _____

REPORTER (name of person completing form) Reporter is confidential under Minnesota Statutes, section 626.556.

Name: _____ Title: _____ Phone: _____ Mandated Reporter: Yes ___ No ___
 Address: _____ City: _____ State: _____ Zip: _____

ALLEGED VICTIM (Complete one reporting form for each alleged victim)

Name: _____ DOB: _____ Grade: _____ Gender: Male ___ Female ___
 Special Education: Yes ___ No ___ Disability Description: _____ Ethnicity: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Parent/Guardian: _____ Phone: _____ Alternate Phone: _____

ALLEGED OFFENDER

Name: _____ Position: _____ DOB: _____ Gender: Male ___ Female ___
 Address: _____ City: _____ State: _____ Zip: _____
 Ethnicity: _____ Phone: _____ Alternate Phone: _____

INCIDENT

Date: _____ Time: _____ Location (i.e. - bus, classroom): _____
 Address (if different than school): _____ County: _____

Alleged Maltreatment: Physical Abuse ___ Sexual Abuse ___ Neglect ___ Unknown ___ **Injury:** Yes ___ No ___ Unknown ___

Description of Incident and Injury: (please attach additional page if needed).

Witness Contact Information: _____

Police Notified: Yes ___ No ___ Police Department: _____

Contact: _____ Phone: _____ Case No.: _____

Minnesota Department of Education
 Student Maltreatment Program
 1500 Highway 36 West, Roseville, MN 55113-4266
 651-582-8546 Fax: 651-797-1601
 Email: mde.student-maltreatment@state.mn.us