

Confidential

Student Maltreatment Reporting Form Division of Compliance and Assistance 1500 Highway 36 West Roseville, Minnesota 55113-4266

Phone: (651) 582-8546 FAX: (651) 634-2277

Minnesota Department of Education staff use only				
Intake Person	MDE File #	Investigator		Date Assigned
	□ No Maltreatment □ No	Jurisdiction 🗆 I & R 🗆 Ott	her (Please explain)	Date Reporter Notified: Verbal Written (Attach written correspondence)
Via: Fax Phon U.S. REPORTER Name Address ALLEGED V. Name Special Educa	□ School Nar e □ City Mail □ Principal _ (name of person completing form) ICTIM tion: Y/N Disability De	Reporter is confidential und Title Ci DOB	Address F F	Ol District Number
Address	·	Position CityOther Phone (_	State	Gender: Male Female Zip Ethnicity
Date Time Location/Address (if different than school) Type of Alleged Maltreatment: Physical Abuse Sexual Abuse Neglect Unknown Injury: Yes No Unknown Description of Incident and Injury: (please attach additional page if needed)				
Police Notifie	d: □ Yes □ No Police Depa	artment	Contact	Phone ()

08/09