

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

<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 <input type="checkbox"/> I & R <input type="checkbox"/> Other (Please explain)		Date Reporter Notified: _____ _____ Verbal
	PSN Date: _____ <input type="checkbox"/> Verbal <input type="checkbox"/> Written		_____ Written (Attach written correspondence)

Via: Fax <input type="checkbox"/> Phone <input type="checkbox"/> U.S. Mail <input type="checkbox"/> Email: <input type="checkbox"/>	Date Submitted _____ School District Name _____ School District Number _____ School Name _____ Address _____ City _____ Zip _____ Phone Number _____ Principal _____ Phone Number _____
---	--

REPORTER (name of person completing form) **Reporter is confidential under Minnesota Statute § 626.556**

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

ALLEGED VICTIM

Name _____ DOB _____ Grade _____ Gender: ☐ Male ☐ Female
Special Education: ☐ Yes ☐ No Disability Description _____ Race _____
Address _____ City _____ State _____ Zip _____
Parent/Guardian _____ Home Phone _____ Other Phone _____

ALLEGED OFFENDER

Name _____ Position _____ DOB _____ Gender: ☐ Male ☐ Female
Address _____ City _____ State _____ Zip _____ Race _____
Home Phone _____ Other Phone _____

INCIDENT

Date _____ Time _____ Location/Address (if different than school) _____
Type of Alleged Maltreatment: <input type="checkbox"/> Physical Abuse <input type="checkbox"/> Sexual Abuse <input type="checkbox"/> Neglect <input type="checkbox"/> Unknown Injury: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Witness Information _____
Description of Incident and Injury: (please attach additional page if needed)
Police Notified: <input type="checkbox"/> Yes <input type="checkbox"/> No Police Department _____ Contact _____ Phone _____

