

Date Submitted: \_\_\_\_\_ MDE File #: \_\_\_\_\_ (MDE staff use only)

**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: \_\_\_\_\_

**SCHOOL INFORMATION**

ISD #: \_\_\_\_\_ School District: \_\_\_\_\_ Program Name: \_\_\_\_\_  
School Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Principal/Director: \_\_\_\_\_ Phone: \_\_\_\_\_ (Ext): \_\_\_\_\_  
Transportation Company (if necessary): Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
Gender: Male \_\_\_ Female \_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Special  
Education: Yes \_\_\_ No \_\_\_ Disability Description: \_\_\_\_\_ State Student ID: \_\_\_\_\_

**ALLEGED OFFENDER**

Name: \_\_\_\_\_ Position: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: Male \_\_\_ Female \_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Ethnicity: \_\_\_\_\_ Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
Licensed: Yes \_\_\_ No \_\_\_ If licensed, name of licensing board: \_\_\_\_\_ Folder #: \_\_\_\_\_

**INCIDENT**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location (i.e. - bus, classroom): \_\_\_\_\_  
Address (if different than school): \_\_\_\_\_ County: \_\_\_\_\_  
Witness Contact Information:  
\_\_\_\_\_ Police Notified: Yes \_\_\_  
No \_\_\_ Police Department: \_\_\_\_\_ Police Contact:  
\_\_\_\_\_ Phone: \_\_\_\_\_ Case No.: \_\_\_\_\_

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

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