This is a confidential reporting form to be completed and forwarded to the Student Maltreatment Program of MDE for review of alleged maltreatment of a minor, student, in a public school facility by a school district employee.

Minnesota Department of Education

## CONFIDENTIAL DATA

Maltreatment of Minors by School Personnel Reporting Form

School Name	Date Submitted	School District Nar	School District Name & Number			
Principal       School Phone Number (		School Name Address Principal				
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School Phone Number ()						
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Name       DOB       Grade       Gender         Special Education: Y/N       Disability Category Description       Ethnicity         Address       City       State       Zip         Phone Number ()       Parent/Guardian	Phone Number ()	0.05			r	
Name       DOB       Grade       Gender         Special Education: Y/N       Disability Category Description       Ethnicity         Address       City       State       Zip         Phone Number ()       Parent/Guardian	ALLEGED VICTIM					
Address       City       State       Zip         Phone Number ()       Parent/Guardian         ALLEGED OFFENDER         NameTitle       DOBGender         AddressCity       State       ZipEthnicity         Home Phone Number ()       Work Phone Number ()	Name	DOB	Grade	Ger	nder	
Address       City       State       Zip         Phone Number ()       Parent/Guardian         ALLEGED OFFENDER         NameTitle       DOBGender         AddressCity       State       ZipEthnicity         Home Phone Number ()       Work Phone Number ()	Special Education: Y/N	Disability Category Description		Ethni	city	
ALLEGED OFFENDER         NameTitleDOBGenderAddressCityStateZipEthnicity         AddressCityStateZipEthnicity         Home Phone Number ()Work Phone Number ()         Type of Maltreatment         Date of IncidentCity         LocationCountyCity         VitnessPhone Number (	Address	City	S	tate	Zip	
ALLEGED OFFENDER         NameTitleDOBGenderAddressCityStateZipEthnicity         AddressCityStateZipEthnicity         Home Phone Number ()Work Phone Number ()         Type of Maltreatment         Date of IncidentTime of Incident         LocationCountyCity	Phone Number ( )	Parent/Guardiar	~			
Name       Title       DOB       Gender         Address       City       State       Zip       Ethnicity         Home Phone Number ()       Work Phone Number ()						
Address       City       State       Zip       Ethnicity         Home Phone Number ()       Work Phone Number ()	ALLEGED OFFENDER					
Address       City       State       Zip       Ethnicity         Home Phone Number ()       Work Phone Number ()	Name	Title	DOB	Gend	er	
Home Phone Number ()       Work Phone Number ()         Type of Maltreatment	Address	City	State	_ Zip	Ethnicity	
Date of Incident	Home Phone Number (	_) Work Pho	one Number (	)		
Date of Incident	Type of Maltreatment					
Location       County       City         Witness       Phone Number ()         Witness       Phone Number ()         Summary of Incident:		Time of In	cident		a m /n m	
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WitnessPhone Number ()         Summary of Incident:	Witness	Phone Number ( )				
Summary of Incident:	Witness		Phone Number ()			
School Investigation Information Included: Yes Date to be sent Were Police Notified: Y/N Date Police Department				()		
School Investigation Information Included:       Yes Date to be sent         Were Police Notified:       Y/N         Date       Department	Summary of Incident:					
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Were Police Notified: Y/N Date Police Department						
Were Police Notified: Y/N Date Police Department						
Were Police Notified: Y/N       Date       Police Department         Contact Person       Phone Number ()	School Investigation Inform	ation Included: Yes	_ Date to be	sent		
Contact Person Phone Number ( )	Were Police Notified: Y/N	Date Police Dep	artment			
	Contact Person	Phone Nur	iber ( )			

**Please Fax Report To: Attention Maltreatment of Minors Program – 651.634.2277** *Maltreatment information is confidential data. Use this form only to report to MDE.*