

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

Date Submitted: \_\_\_\_\_ ISD#: \_\_\_\_\_ School District: \_\_\_\_\_  
 School Name: \_\_\_\_\_ Program Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Principal/Director: \_\_\_\_\_ 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  
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Email: [mde.student-maltreatment@state.mn.us](mailto:mde.student-maltreatment@state.mn.us)

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