

**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**

Date Submitted \_\_\_\_\_ School District Name & Number \_\_\_\_\_  
 School Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Principal \_\_\_\_\_  
 School Phone Number (\_\_\_\_\_) \_\_\_\_\_

**REPORTER** (*Reporter is confidential under Minn. Stat. § 626.556*)

Name \_\_\_\_\_ Title \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone Number (\_\_\_\_\_) \_\_\_\_\_

**ALLEGED VICTIM**

Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_ Gender \_\_\_\_\_  
 Special Education: Y/N Disability Description \_\_\_\_\_ Ethnicity \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone Number (\_\_\_\_\_) \_\_\_\_\_ Parent/Guardian \_\_\_\_\_

**ALLEGED OFFENDER**

Name \_\_\_\_\_ Title \_\_\_\_\_ DOB \_\_\_\_\_ Gender \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Ethnicity \_\_\_\_\_  
 Home Phone Number (\_\_\_\_\_) \_\_\_\_\_ Work Phone Number (\_\_\_\_\_) \_\_\_\_\_

**Type of Maltreatment**

Date of Incident \_\_\_\_\_ Time of Incident \_\_\_\_\_ a.m./p.m.  
 Location \_\_\_\_\_ County \_\_\_\_\_ City \_\_\_\_\_  
 Witness \_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_  
 Witness \_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_

Summary of Incident:

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School Investigation Information Included: Yes \_\_\_\_\_ Date to be sent \_\_\_\_\_

Were Police Notified: Y/N Date \_\_\_\_\_ Police Department \_\_\_\_\_  
 Contact Person \_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_

**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.*