

## Confidential Student Maltreatment Reporting Form

Date submitted \_\_\_\_\_

MDE File No. \_\_\_\_\_ (MDE staff use only)

**REPORTER (person completing form). Reporter is confidential under Minnesota Statutes, section 626.556.**

Name \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mandated Reporter: Yes \_\_\_ No \_\_\_

### SCHOOL INFORMATION

ISD No. \_\_\_\_\_ 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 \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Male \_\_\_ Female \_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_ Ethnicity \_\_\_\_\_

Special Education Yes \_\_\_ No \_\_\_ Disability Description \_\_\_\_\_

### ALLEGED OFFENDER

Name \_\_\_\_\_ Position \_\_\_\_\_ DOB \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Ethnicity \_\_\_\_\_ Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

### 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)*.