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 confid	lential under Minn, Stat. &	(626.556)			
Address	City		`itle State Zip		
Phone Number ()			_		
ALLEGED VICTIM					
Name	DOB	Grade	Gei	nder	
Special Education: Y/N Disab	oility Description	Ethn	GradeGender Ethnicity		
Address	City	StateZip		Zip	
Phone Number ()	CityStateZip Parent/Guardian				
ALLEGED OFFENDER					
Name	Title	DOB	Gend	er	
Address	City	State	Zip	Ethnicity	
Home Phone Number ()	Work	Phone Number (_)	<u> </u>	
T of Maltwootmont					
Type of Maltreatment Date of Incident	Time of	f Incident		a m /n m	
I ocation	Time of Incidenta.m./p.m County City				
Witness	Phone Number ()_				
Witness		Phone Number ()			
Witness		I HOHE MUHIOC	1 ()		
Summary of Incident:					
Summary of mercent.					
School Investigation Information	ı Included: Yes	Date to be se	ent		
Were Police Notified: Y/N Da					
Contact Person	Phone N	Vumber ()			