

**Confidential Student Maltreatment  
 Reporting Form**

| Minnesota Department of Education staff use only |  |  |   |
|--|--|--|---|
| 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<br>_____ 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.: \_\_\_\_\_