

Maltreatment of Students Reporting Form

Maltreatment information is confidential data. Use this form only to report to MDE.

MDE 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: <input type="checkbox"/> Verbal _____ <input type="checkbox"/> Written (Attach written correspondence)

Date Submitted _____ I.S.D. Name & Number _____

Via: Phone _____ School Name _____ Address _____
 Fax _____ City _____ State _____ Zip _____ Phone Number (____) _____
 U.S. Mail _____ Principal _____

REPORTER (Reporter is confidential under Minn Stat. § 626.556) Mandated _____ Non Mandated _____
 Name _____ Title _____ Phone (____) _____
 Address _____ City _____ State _____ Zip _____

ALLEGED VICTIM

Name _____ DOB _____ Grade _____ Gender: Male Female
 Special Education: Y/N _____ Disability Description _____ Ethnicity _____
 Address _____ City _____ State _____ Zip _____
 Parent/Guardian _____ Home Phone (____) _____ Other Phone (____) _____

ALLEGED OFFENDER

Name _____ Position _____ DOB _____ Gender: Male Female
 Address _____ City _____ State _____ Zip _____ Ethnicity _____
 Home Phone Number (____) _____ Other Phone (____) _____

Type of Alleged Maltreatment	<input type="checkbox"/> Physical Abuse	<input type="checkbox"/> Sexual Abuse	<input type="checkbox"/> Neglect
Injury Yes _____ No _____	Description of Injury _____		
Date of Incident _____	Time _____	Location _____	City _____ County _____
Witness Information: _____			
Description of Incident: (please attach additional page if needed)			

Police Notified: Yes No Police Department _____ Contact _____ Phone
() _____

Please Fax Report to: Student Maltreatment Program - (651) 634-2277

Student Maltreatment Program, Division of Compliance & Assistance

1500 Highway 36 West, Roseville, Minnesota 55113-4266

Phone: (651) 582-8546

Fax: (651) 634-2277

3/4/08