



Confidential
Student Maltreatment Reporting Form
Division of Compliance and Assistance
 1500 Highway 36 West
 Roseville, Minnesota 55113-4266
 Phone: (651) 582-8546 FAX: (651) 634-2277

Minnesota Department of Education staff use only			
Intake Person	MDE File # _____	Investigator _____	Date Assigned _____
	<input type="checkbox"/> No Maltreatment explain) <input type="checkbox"/> No Jurisdiction <input type="checkbox"/> I & R <input type="checkbox"/> Other (Please _____)		Date Reporter Notified: _____ _____ Verbal _____ Written (Attach written correspondence)
	PSN Date: _____	<input type="checkbox"/> Verbal	<input type="checkbox"/> Written

Via: <input type="checkbox"/> Fax <input type="checkbox"/> Phone <input type="checkbox"/> U.S. Mail <input type="checkbox"/> Email: <input type="checkbox"/>	Date Submitted _____ School District Name _____ School District Number _____ School Name _____ Address _____ City _____ Zip _____ Phone Number _____ Principal _____ Phone Number _____
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REPORTER (name of person completing form) **Reporter is confidential under Minnesota Statute § 626.556**

Name _____ Title _____ Phone _____ Mandated Reporter: Yes No
 Address _____ City _____ State _____ Zip _____

ALLEGED VICTIM

Name _____ DOB _____ Grade _____ Gender: Male Female
 Special Education: Yes No Disability Description _____ Race _____
 Address _____ City _____ State _____ Zip _____
 Parent/Guardian _____ Home Phone _____ Other Phone _____

ALLEGED OFFENDER

Name _____ Position _____ DOB _____ Gender: Male Female
 Address _____ City _____ State _____ Zip _____ Race _____
 Home Phone _____ Other Phone _____

INCIDENT

Date _____ Time _____ Location/Address (if different than school) _____

Type of Alleged Maltreatment: Physical Abuse Sexual Abuse Neglect Unknown Injury: Yes No Unknown

Witness Information _____

Description of Incident and Injury: (please attach additional page if needed)

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