

## Confidential Student Maltreatment Reporting Form

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

MDE File # \_\_\_\_\_ (MDE staff use only)

**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: \_\_\_\_\_

### SCHOOL INFORMATION

ISD#: \_\_\_\_\_ 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: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Gender: Male Female \_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Special Education: Yes No Disability Description: \_\_\_\_\_ State Student ID: \_\_\_\_\_

### ALLEGED OFFENDER

Name: \_\_\_\_\_ Position: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: Male \_\_\_ Female \_\_\_

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

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

Licensed: Yes \_\_\_ No \_\_\_ If Licensed, name of licensing board: \_\_\_\_\_ Folder # \_\_\_\_\_

### 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).