



Confidential Student Maltreatment Reporting Form

Date submitted: _____ SMP File # _____ (MDE staff use only)

REPORTER (Reporter is confidential under Minnesota Statutes, section 260E.)

Name: _____ Title: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Mandated Reporter: Yes No

SCHOOL INFORMATION (Current Enrollment Location of Alleged Victim)

ISD#: _____ School District: _____ School/ Program Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Principal/Director: _____ Phone: _____

Email: _____

Transportation Company Contact: _____ Phone: _____

Email: _____

ALLEGED VICTIM

Name: _____ Address: _____ City: _____ State: _____ Zip: _____

Male Female DOB: _____ Grade: _____ Race/Ethnicity: _____

Receives Special Education Services: Yes No Primary Disability Category: _____

Alleged Victim is over the age of 18: Yes No (If over 18, please provide the following contact information)

Alleged Victim Phone: _____ Alleged Victim Email: _____

Alleged Victim has a legal guardian: Yes No

Parent/Guardian 1: _____ Phone: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian 2: _____ Phone: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Minnesota Department of Education
Student Maltreatment Program
1500 Highway 36 West, Roseville, MN 55113-4266
Reporting Line: 651-582-8546
Fax: 651-797-1601
Email: mde.student-maltreatment@state.mn.us

ALLEGED OFFENDER

Name: _____ Position: _____ DOB: _____ Male Female
Home Address: _____ City: _____ State: _____ Zip: _____
Email: _____
Race/Ethnicity: _____ Phone: _____ Alternate Phone: _____
Licensed: Yes No
If licensed, name of licensing board(s): _____ License/Folder # _____

INCIDENT

Date: _____ Time: _____ Setting (i.e. Bus, Classroom): _____
Location and Address (if different than enrolled school): _____
Witness _____ Phone: _____
Witness _____ Phone: _____
Police Notified: Yes No Police Department: _____
Police Contact: _____ Phone: _____ Case #: _____

Alleged Maltreatment: Physical Abuse Sexual Abuse Neglect Unknown

Injury: Yes No

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