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

November. 2020

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)

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