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).

Minnesota Department of Education
Student Maltreatment Program
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Reporting Line: 651-582-8546 Fax: 651-797-1601
Email: mde.student-maltreatment@state.mn.us

June 2016