



Maltreatment of Students Reporting Form

Maltreatment information is confidential data. Use this form only to report to MDE.

MDE Staff use only			
Intake Person	MDE File #	Investigator	Date Assigned
<input type="checkbox"/> No Maltreatment	<input type="checkbox"/> No Jurisdiction	<input type="checkbox"/> I and R	<input type="checkbox"/> Other (Please explain)
Date Reporter Notified			_____
			____ Verbal
			____ Written (Attach written correspondence)

Date Submitted _____ I.S.D Name and Number _____

Via: Facsimilie School Name _____ Address _____

U.S. Mail City _____ State _____ Zip _____ Phone No. _____

Principal _____

REPORTER (Reporter is confidential under Minn. Stat. § 626.556) Mandated Non-Mandated

Name _____ Title _____ Phone No. _____

Address _____ City _____ State _____ Zip _____

ALLEGED VICTIM

Name _____ DOB _____ Grade _____ Gender: Male Female

Special Education: Yes No Disability Description _____ Ethnicity _____

Address _____ City _____ State _____ Zip _____

Parent/Guardian _____ Home Phone _____ Other Phone _____

ALLEGED OFFENDER

Name _____ Position _____ DOB _____ Gender: Male Female

Address _____ City _____ State _____ Zip _____ Ethnicity _____

Home Phone _____ Other Phone _____

Type of Alleged Maltreatment Physical Abuse Sexual Abuse Neglect

Injury Yes No Description of Injury _____

Date of Incident _____ Time _____ Location _____ City _____ County _____

Witness Information _____

Description of Incident

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

Please Fax Report to: Student Maltreatment Program - (651) 634-2277
 Student Maltreatment Program, Division of Compliance and Assistance
 1500 Highway 36 West, Roseville, Minnesota 55113-4266
 Phone: (651) 582-8546 Fax: (651) 634-2277