

**Confidential Student Maltreatment  
 Reporting Form**

<i>Minnesota Department of Education staff use only</i>			
Intake Person	MDE File #	Investigator	Date Assigned
	<input type="checkbox"/> No Maltreatment <input type="checkbox"/> No Jurisdiction <input type="checkbox"/> I & R <input type="checkbox"/> Other (Please explain)		Date Reporter Notified: _____ _____ Verbal _____ Written (Attach written correspondence)
	PSN Date: _____ <input type="checkbox"/> Verbal <input type="checkbox"/> Written		

Date Submitted: \_\_\_\_\_ ISD#: \_\_\_\_\_ School District: \_\_\_\_\_  
 School Name: \_\_\_\_\_ Program Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Principal/Director: \_\_\_\_\_ Phone: \_\_\_\_\_ (Ext): \_\_\_\_\_  
 Transportation Information, if necessary: Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**ALLEGED VICTIM (Complete one reporting form for each alleged victim)**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: Male \_\_\_ Female \_\_\_  
 Special Education: Yes \_\_\_ No \_\_\_ Disability Description: \_\_\_\_\_ Ethnicity: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

**ALLEGED OFFENDER**

Name: \_\_\_\_\_ Position: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: Male \_\_\_ Female \_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Ethnicity: \_\_\_\_\_ Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

**INCIDENT**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location (i.e. - bus, classroom): \_\_\_\_\_  
 Address (if different than school): \_\_\_\_\_ County: \_\_\_\_\_  
**Alleged Maltreatment:** Physical Abuse \_\_\_ Sexual Abuse \_\_\_ Neglect \_\_\_ Unknown \_\_\_ **Injury:** Yes \_\_\_ No \_\_\_ Unknown \_\_\_

Description of Incident and Injury: (please attach additional page if needed).

Witness Contact Information: \_\_\_\_\_

414-1F

414-1F

414-1F

Police Notified: Yes \_\_\_ No \_\_\_      Police Department: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Case No.: \_\_\_\_\_

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

May 2013

414-2F

414-2F

414-2F