



Confidential
Student Maltreatment Reporting Form
Division of Compliance and Assistance
1500 Highway 36 West
Roseville, Minnesota 55113-4266
Phone: (651) 582-8546 FAX: (651) 634-2277

Minnesota Department of Education staff use only			
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: _____
	PSN Date: _____ <input type="checkbox"/> Verbal <input type="checkbox"/> Written		<input type="checkbox"/> Verbal <input type="checkbox"/> Written (Attach written correspondence)

Via: Fax <input type="checkbox"/> Phone <input type="checkbox"/> U.S. Mail <input type="checkbox"/> Email <input type="checkbox"/>	Date Submitted _____	School District Name _____	School District Number _____
	School Name _____ Address _____		
	City _____		Zip _____
	Phone Number _____		
	Principal _____		Phone Number _____

REPORTER (name of person completing form) **Reporter is confidential under Minnesota Statute § 626.556**

Name _____ Title _____ Phone _____ Mandated Reporter: Yes No
Address _____ City _____ State _____ Zip _____

ALLEGED VICTIM

Name _____ DOB _____ Grade _____ Gender: Male Female
Special Education: Yes No Disability Description _____ Race _____
Address _____ City _____ State _____ Zip _____
Parent/Guardian _____ Home Phone _____ Other Phone _____

ALLEGED OFFENDER

Name _____ Position _____ DOB _____ Gender: Male Female
Address _____ City _____ State _____ Zip _____ Race _____
Home Phone _____ Other Phone _____

INCIDENT

Date _____ Time _____ Location/Address (if different than school) _____
Type of Alleged Maltreatment: Physical Abuse Sexual Abuse Neglect Unknown Injury: Yes No Unknown
Witness Information _____
Description of Incident and Injury: (please attach additional page if needed)

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