

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 (Please explain)	<input type="checkbox"/> No Jurisdiction <input type="checkbox"/> I & R <input type="checkbox"/> Other	Date Reporter Notified: __ Verbal _____ __ Written (Attach written correspondence)

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

Via: Phone _____ School Name _____ Address _____

Fax _____ City _____ State _____ Zip _____ Phone Number
(____) _____

U.S. Mail _____ Principal _____

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

Name _____ Title _____ Phone _____

(____) _____

Address _____ City _____

State _____ Zip _____

ALLEGED VICTIM

Name _____ DOB _____ Grade _____ Gender: _____

♂ Male ♀ Female

Special Education: Y/N 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 Number (____) _____ 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: (please attach additional page if needed)

Police Notified: Yes No Police Department _____ Contact _____ Phone
(____) _____

Please Fax Report to: Student Maltreatment Program – (651) 634-2277

Student Maltreatment Program, Division of Compliance & Assistance

1500 Highway 36 West, Roseville, Minnesota 55113-4266

Phone: (651) 582-8546 Fax: (651) 634-2277

3/4/08