



**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: _____ _____ Verbal _____ Written (Attach written correspondence)
	PSN Date: _____	<input type="checkbox"/> Verbal <input type="checkbox"/> Written	

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

**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)

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