



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