Minnesota Department of Education

Email Form

Confidential Student Maltreatment Reporting Form

Minnesota Department of Education staff use only			
Intake Person	MDE File #	Investigator	Date Assigned
	☐No Maltreatment ☐No Jurisdiction ☐I & R ☐Other (Please explain)		Date Reporter Notified: _____ ____ Verbal ____ Written (Attach written correspondence)
	PSN Date: _____ ☐Verbal ☐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: _____

Police Notified: Yes ___ No ___ Police Department: _____

Contact: _____ Phone: _____ Case No.: _____

Minnesota Department of Education
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