

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 & R <input type="checkbox"/> Other (Please explain)			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 (____) _____