

Confidential Student Maltreatment Reporting Form

Date Submitted:		MDE File #: (MDE staff use only)			
REPORTER (name of person completing for	m) Poportor is as	onfidential under Minneset	a Statutag gootian 626 i		
	_		Mandated Reporter: Yes No		
Address:					
SCHOOL INFORMATION					
ISD #: School District:		Pr	ogram Name:		
School Name:	Address: _		City:		
Principal/Director:		Phone:		(Ex	tt):
Transportation Company (if necessary): Contact:			Phone:		
ALLEGED VICTIM (Complete one reportin	g form for each all	eged victim)			
Name:	_	-		State:	Zip:
Parent/Guardian:					
Gender: Male Female DOB:					
Special Education: Yes No Disabil					
ALLEGED OFFENDER					
Name:	P	Position:	DOB:	_ Gender: Ma	ale Female _
Address:		*		_	
Ethnicity: Ph	one:	Alternate Phone:			
Licensed: Yes No If licensed, n	ame of licensing bo	ard:		Folder #:	
INCIDENT					
Date: Time:		Location (i.e bus, classroo	om):		
Address (if different than school):					
Witness Contact Information:			<u> </u>		
Police Notified: Yes No	Police Departmen	t:			
Police Contact:					
Alleged Maltreatment: Physical Abuse	_ Sexual Abuse	Neglect Unknown	own Injury:	Yes No	Unknown
Description of Incident and Injury: (please attac	h additional page if	needed).			

Minnesota Department of Education Student Maltreatment Program 1500 Highway 36 West, Roseville, MN 55113-4266 Reporting Line: 651-582-8546 Fax: 651-797-1601 Email: mde.student-maltreatment@state.mn.us