*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** |
| | □ **No Maltreatment** □ **No Jurisdiction** □ **I & R** □ **Other** (Please explain) | | **Date Reporter Notified:** _____<br>___ **Verbal**<br>___ **Written** (Attach written correspondence) |

Date Submitted _____ School District Name_____ School District Number _____
Via: Fax □ School Name _____ Address _____
Phone □ City _____ State _____ Zip _____ Phone Number (____)_____
U.S. Mail □ Principal _____ Phone Number (____)_____

***REPORTER*** (name of person completing form) **Reporter is confidential under Minnesota Statute § 626.556**
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 (____)_____

***INCIDENT***

**Date** _____ **Time** _____ **Location/Address** (if different than school) _____
**Type of Alleged Maltreatment:** □ Physical Abuse □ Sexual Abuse □ Neglect □ Unknown
**Injury:** □ Yes □ No □ Unknown
**Description of Incident and Injury:** (please attach additional page if needed)

Police Notified: □ Yes □ No Police Department _____ Contact _____ Phone (___)_____

08/09