

<i>Minnesota Department of Education staff use only</i>			
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: _____
PSN Date: _____		<input type="checkbox"/> Verbal <input type="checkbox"/> Written	_____ Verbal _____ Written (Attach written correspondence)

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
Student Maltreatment Program
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