

414 MANDATED REPORTING OF CHILD NEGLECT OR PHYSICAL OR SEXUAL ABUSE



Confidential Student Maltreatment Reporting Form

Date Submitted: \_\_\_\_\_

MDE File #: \_\_\_\_\_ (MDE staff use only)

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: \_\_\_\_\_

SCHOOL INFORMATION

ISD #: \_\_\_\_\_ School District: \_\_\_\_\_ Program Name: \_\_\_\_\_
School Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_
Principal/Director: \_\_\_\_\_ Phone: \_\_\_\_\_ (Ext): \_\_\_\_\_
Transportation Company (if necessary): Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

ALLEGED VICTIM (Complete one reporting form for each alleged victim)

Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_
Gender: Male \_\_\_ Female \_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_ Ethnicity: \_\_\_\_\_
Special Education: Yes \_\_\_ No \_\_\_ Disability Description: \_\_\_\_\_ State Student ID: \_\_\_\_\_

ALLEGED OFFENDER

Name: \_\_\_\_\_ Position: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: Male \_\_\_ Female \_\_\_
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
Ethnicity: \_\_\_\_\_ Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_
Licensed: Yes \_\_\_ No \_\_\_ If licensed, name of licensing board: \_\_\_\_\_ Folder #: \_\_\_\_\_

INCIDENT

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location (i.e. - bus, classroom): \_\_\_\_\_
Address (if different than school): \_\_\_\_\_ County: \_\_\_\_\_
Witness Contact Information: \_\_\_\_\_
Police Notified: Yes \_\_\_ No \_\_\_ Police Department: \_\_\_\_\_
Police Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Case No.: \_\_\_\_\_

Alleged Maltreatment: Physical Abuse \_\_\_ Sexual Abuse \_\_\_ Neglect \_\_\_ Unknown \_\_\_ Injury: Yes \_\_\_ No \_\_\_ Unknown \_\_\_

Description of Incident and Injury: (please attach additional page if needed).