

INDEPENDENT SCHOOL DISTRICT 196
Rosemount-Apple Valley-Eagan Public Schools
Educating our students to reach their full potential

Series Number 506.4.2P Adopted April 2011 Revised January 2017

Title **Maltreatment of Students Reporting Form – MDE**

Date submitted: _____ **MDE File#** _____ **(MDE staff use only)**

REPORTER (name of person completing form) Reporter is confidential under MN Statute 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: _____

OVER

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

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

If the report is for:	
Suspected abuse or neglect that does involve school personnel as the alleged offender	Send this form to: MN 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
Suspected abuse or neglect that does not involve school personnel as the alleged offender	See Procedure 506.4.1P, Suspected Child Maltreatment Reporting Form – Dakota County

Copy to: School Confidential File, Suspected Maltreatment of a Minor
 Director of Human Resources