

Confidential Student Maltreatment Reporting Form

Date submitted:	SMP File	#(MDE staf	f use only)
REPORTER (Reporter is confid Name:			hone:
Address:	City:	State:	zZip:
Email:		Mandated R	eporter: O _{Yes} O _{No}
SCHOOL INFORMATION (Curr	rent Enrollment Location o	f Alleged Victim)	
ISD#:School Dis	strict:	School/ Program Na	me:
Address:	City:	State	Zip:
Principal/Director:		Phone:	
Email:			
Transportation Company Contac	ct:	Phone:	
Email:			
ALLEGED VICTIM			
Name:	_ Address:	City:	State:Zip: Male
O Female O DOB:	Grade:	_ Race/Ethnicity:	
Receives Special Education Serv	ices: Yes No	Primary Disability Ca	itegory:
Alleged Victim is over the age o information)	f 18: O Yes O No	(If over 18, please provide	e the following contact
Alleged Victim Phone:	Alleged Victin	n Email:	
Alleged Victim has a legal guard	ian: O Yes O No		
Parent/Guardian 1:	Phone:	Email:	
Address:	City: State:	Zip:_ Parent/	Guardian 2:
Dhana	F il.		Address. City

State:	Zir	o:	

Email:				
Race/Ethnicity:	Phone:_		Alternate Phone:	
Licensed: O Yes	\bigcirc No			
If licensed, name of licer	sing board(s):		License/Folder #	
INCIDENT				
Date:	Time:	Setting (i.e. Bus,	Classroom):	
Location and Address (if	different than enro	lled school):		
Witness		Phone:		
Witness		Phone:		
Police Notified: Oyes	O No Police De	partment:		
Police Contact:		Phone:	Case #:	

Physical Abuse Sexual Abuse Neglect Unknown Injury:

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

Alleged Maltreatment: