

# CONFIDENTIAL DATA

## Maltreatment of Minors by School Personnel Reporting Form

Date Submitted \_\_\_\_\_ School District Name & Number \_\_\_\_\_  
School Name \_\_\_\_\_  
Address \_\_\_\_\_  
Principal \_\_\_\_\_  
School Phone Number (\_\_\_\_) \_\_\_\_\_

### REPORTER

Name \_\_\_\_\_ Title \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number (\_\_\_\_) \_\_\_\_\_ (Reporter is confidential under Minn Stat. § 626.556)

### ALLEGED VICTIM

Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_ Gender \_\_\_\_\_  
Special Education: Y/N Disability Category \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number (\_\_\_\_) \_\_\_\_\_ Parent/Guardian \_\_\_\_\_

### ALLEGED OFFENDER

Name \_\_\_\_\_ Title \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone Number (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

### Type of Maltreatment \_\_\_\_\_

Date of Incident \_\_\_\_\_ Time of Incident \_\_\_\_\_  
Location \_\_\_\_\_ County \_\_\_\_\_ City \_\_\_\_\_  
Witness \_\_\_\_\_ Phone Number(\_\_\_\_) \_\_\_\_\_  
Witness \_\_\_\_\_ Phone Number(\_\_\_\_) \_\_\_\_\_

Summary of Incident:

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School Investigation Information Included: Yes \_\_\_\_\_ Date to be sent \_\_\_\_\_

Were Police Notified: Y/N Date \_\_\_\_\_ Police Department \_\_\_\_\_  
Contact Person \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

