

# 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:


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

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

**Please Fax Report To: Attention Maltreatment of Minors Program – 651.634.2277**  
*Maltreatment information is confidential data. Use this form **only** to report to MDE.*