

Form 414-F MALTREATMENT OF MINORS BY SCHOOL PERSONNEL REPORTING FORM

CONFIDENTIAL DATA

Maltreatment of Minors by School Personnel Reporting Form

Date Submitted _____ **Adrian Public School District #511**
Building (circle one) Elementary Middle School High School
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