

**PROCTOR PUBLIC SCHOOLS**  
**MALTREATMENT OF MINORS BY SCHOOL PERSONNEL**  
**Reporting Form**

**CONFIDENTIAL DATA**

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 Number (\_\_\_\_\_) \_\_\_\_\_  
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.