

CONFIDENTIAL DATA

Maltreatment of Vulnerable Adults 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 VULNERABLE ADULT 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: (Attach additional sheets as needed.)

School Investigation Information Included: Yes_____ Date to be sent_____

Were Police Notified: Y/N Date_____ Police Department_____
Contact Person_____ Phone Number (____)_____

**Please Contact Washington County Social Services Division – Adult Protection Reporting at
651/430-6484**

Maltreatment information is confidential data.