



# ADMINISTRATIVELY RESTRICTED Employee Incident Report



Date of Report: \_\_\_\_\_

Time: \_\_\_\_\_

Reporting School: \_\_\_\_\_

School Phone Number: \_\_\_\_\_

Name of Child: \_\_\_\_\_  
Last First Middle

D.O.B.: \_\_\_\_\_

Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Parent(s)/Legal Guardian(s) Names: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Location of Home: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work No. (Mother): \_\_\_\_\_ Work No. (Father): \_\_\_\_\_

Date of Alleged Incident: \_\_\_\_\_ Time: \_\_\_\_\_ [ ] a.m. [ ] p.m.

Location of Alleged Incident: \_\_\_\_\_

**Check all that apply:**

- Discourteous conduct involving a student by an employee:
  - [ ] Using inappropriate language
  - [ ] Making inappropriate comments of a nonsexual manner
  - [ ] Calling names insulting or humiliating a child
  - [ ] Shouting or cursing
  - [ ] Rude, boisterous play that adversely affect production, discipline, or morale of a student
  - [ ] Use of abusive, demeaning, degrading, or insulting language
  - [ ] Quarreling or inciting a quarrel
  - [ ] Other: \_\_\_\_\_

**Describe in Student's/Staff's Own Words His/Her Account Of Event(s):**

Full Name(s) of Potential Witness(es): \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Full Name of Alleged Offender: \_\_\_\_\_  
Last First Middle

Check One: [ ] BIE Employee Position/Title: \_\_\_\_\_  
[ ] BIE Contractor/Consultant  
[ ] Other (specify): \_\_\_\_\_

Full Name and Title of Mandatory Reporter: \_\_\_\_\_ Signature (Required): \_\_\_\_\_ Date: \_\_\_\_\_

Full Name of School Principal/Administrator or Designee: \_\_\_\_\_ Signature (Required): \_\_\_\_\_ Date: \_\_\_\_\_

Has Mandatory Reporter Requested Protection of His or Her Identity? [ ] YES [ ] NO

Initials of Mandatory Reporter: \_\_\_\_\_

## CONFIDENTIALITY AGREEMENT

### To be read and signed by Mandated Reporter:

In accordance with the Indian Child Protection and Family Violence Prevention Act, the identity of any person making a report of suspected child abuse or neglect shall not be disclosed, without the consent of the individual, to anyone other than a court of competent jurisdiction, employees of an Indian tribe, State, or the Federal Government who need to know the information in order to perform their duties.

### By signing this agreement, I understand that:

1. Confidentiality means that I cannot discuss any matter pertaining to any child abuse or neglect case, except as allowed by law. Pursuant to §552a of Title 5, United States Code, the Family Education Rights and Privacy Act of 1974 (20 USC 1232g), or any other provision of law, agencies of any Indian tribe, of any State, or of the Federal government that investigate and treat incidents of child abuse may provide information and records to those agencies of any Indian Tribe, State, or any Federal Government that need to know the information in order to perform their duties. For purposes of this section, Indian tribal government shall be treated the same as other Federal Government entities.
2. The legal requirements of confidentiality mean that I cannot discuss any matter pertaining to the Suspected Child Abuse and/or Neglect Report I completed on this date with any member of my family, including parents, children, spouse, aunts, uncles, cousins, any school staff or with another person unless they are allowed access to such information by law.
3. If I do not keep substantiated and/or unsubstantiated child abuse and/or neglect cases confidential, I may be subject to disciplinary action up to and including termination of my job as allowed by tribal or federal law or BIE policies and procedures.

\_\_\_\_\_  
Signature of Mandated Reporter (Required)

\_\_\_\_\_  
Position/Title

\_\_\_\_\_  
Date

### Witnessed by:

\_\_\_\_\_  
Signature of School Principal/Administrator or Designee (Required)

\_\_\_\_\_  
Position/Title

\_\_\_\_\_  
Date

### Notifications Tracking Information on Person Making Notifications

#### BIE Notification

	Person Contacted, Title, and Telephone Number	Date and Time of Report (Required)	
		Verbal Contact	Written Contact
BIE Program Specialist (SCAN)			

#### SCAN Tracking Notes

#### Information on Person Making Notifications:

Full Name and Title of Individual Completing this Page (Required):

Date: