

ADMINISTRATIVELY RESTRICTED

### Employee Incident Report

Report Date: \_\_\_\_\_ Report Time: \_\_\_\_\_

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

Name of Child: \_\_\_\_\_ D.O.B.: \_\_\_\_\_  
Last First Middle

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

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

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

Location of Home (attach map, if applicable): \_\_\_\_\_

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

Date of alleged incident: \_\_\_\_\_ Time of day: \_\_\_\_\_  AM  PM

Location of alleged incident: \_\_\_\_\_

**Check all that apply:**

- Discourteous conduct involving a student by an employee:
  - using inappropriate language;
  - making inappropriate comments of a non-sexual manner;
  - calling names insulting or humiliating a child;
  - shouting, 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 their 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 any person other than a court of competent jurisdiction or any employee of an Indian tribe, a State or the Federal Government who need to know the information in the performance of such employee's 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 section 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 abuse of children may provide information and records to those agencies of any Indian Tribe, and State, or any Federal Government that need to know the information in performance of 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 Employee Incident 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)

Date

### Tracking of Notifications Information on Person Making Notifications

#### BIE NOTIFICATION (Required):

	PERSON CONTACTED, TITLE AND TELEPHONE NUMBER	DATE & TIME OF REPORT	
		Verbal Contact (Required)	Written Contact (Required)
BIE Program Specialist	Michelle Begay Ph: (505) 563-5290 Scan & Email Reports to: <a href="mailto:bie_scan_reports@bie.edu">bie_scan_reports@bie.edu</a>	Date: Time:	Date: Time:

#### EMPLOYEE INCIDENT TRACKING NOTES

#### INFORMATION ON PERSON MAKING NOTIFICATIONS (Required):

Full Name and Title of Individual completing this page:

Date:

Name, Title (e-mail address)