

**ABUSE OF STUDENTS BY SCHOOL DISTRICT EMPLOYEES REPORT FORM**

## Complaint of Injury to or Abuse of a Student by a School District Employee

Please complete the following as fully as possible. If you need assistance, contact Executive Director of Student and At-Risk Services, 433-1801, the school district's Level I Investigator. This report should be written, signed, and witnessed by a person of majority age.

Student's name and address: \_\_\_\_\_

Student's telephone number: \_\_\_\_\_

Student's school: \_\_\_\_\_

Date complaint completed or filed: \_\_\_\_\_

Name and place of employment of employee accused of abusing student:

Allegation is of \_\_\_\_\_ physical \_\_\_\_\_ sexual abuse\*

Please describe what happened. Include the date, time and where the incident took place, if known. If physical abuse is alleged, also state the nature of the student's injury:

Were there any witnesses to the incident or are there students or persons who may have information about this incident? \_\_\_ yes \_\_\_ no

If yes, please list by name, if known, or classification (for example: "third grade class," "fourth period geometry class"): \_\_\_\_\_

\*Parents of children who are in pre-kindergarten through sixth grade and whose children are the alleged victims of or witnesses to sexual abuse have the right to see and hear any interviews of their children in this investigation. Please indicate "yes" if the parent/guardian wishes to exercise this right:

\_\_\_ yes \_\_\_ no Telephone number: \_\_\_\_\_ Email: \_\_\_\_\_

Has a medical or mental health person examined or treated the student as a result of the incident? \_\_\_ yes \_\_\_ no \_\_\_ unknown

If yes, please provide the name and address of the professional(s) and the date(s) of the examination or treatment, if known: \_\_\_\_\_

\_\_\_\_\_

Has anyone contacted law enforcement about this incident? \_\_\_ yes \_\_\_ no

Please provide any additional information you have which would be helpful to the investigator. Attach additional pages if needed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your name, address and telephone number:

\_\_\_\_\_

Relationship to student: \_\_\_\_\_

I agree that all information provided on this form is accurate and true to the best of my knowledge.

\_\_\_\_\_  
Complainant Signature

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Name (please print)

\_\_\_\_\_  
Witness Address

Be advised that you have the right to contact the police or sheriff's office, the county attorney, a private attorney, or the State Board of Educational Examiners (if the accused is a licensed employee) for investigation of this incident. The filing of this report does not deny you that opportunity.

You will receive a copy of this report (if you are the named student's parent or guardian) and a copy of the Investigator's Report within fifteen (15) calendar days of filing this report unless the investigation is turned over to law enforcement.

ADOPTED: 7/23/99  
11/3/00  
7/9/07

Reviewed: 10/6/05, 7/9/07, 2/3/11, 4/7/16, 12/2/21

EXHIBIT