

SAYDEL COMMUNITY SCHOOL DISTRICT

ABUSE OF STUDENT BY SCHOOL DISTRICT EMPLOYEES REPORT FORM Complaint of the Abuse of a Student by a School District Employee

DATE _____

Complete the following as fully as possible. If you need assistance, contact the Level I investigator in your school.

Student's name and address: _____

Student's telephone number: _____

Student's school: _____

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/guardians of children 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 _____

Approved: 2-17-97

Reviewed: March 2018

Revised: March 2018

ABUSE OF STUDENT BY SCHOOL DISTRICT EMPLOYEES REPORT FORM
Complaint of Injury to or Abuse of a Student by a School District Employee

DATE _____

Has any professional 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 examination or treatment, if known: _____

Has anyone contacted law enforcement about this incident? ____ Yes ____ No

Provide 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: _____

Complainant Signature

Witness Signature

Date _____ Witness Name (please print) _____

Witness Full Address & Phone Number _____

Be advised that you have the right to contact the police or sheriff's office, the county attorney, a private attorney, or that 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 calendar days of filing this report unless the investigation is turned over to law enforcement.

Approved: 2-17-97

Reviewed: March 2018

Revised: March 2018