| Policy Title Abuse of Students by School District Employees Code No. 413. 4E1  |  |  |
|--|--|--|
| 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 the Level I investigator in your school.   |  |  |
| Student's name and address:  |  |  |
| Student's telephone no.: 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 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  |  |  |

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| Has any professional person examined or treate  |   |
| If yes, please provide the name and address of or treatment, if known:  | the professional(s) and the date(s) of examination                    |
| Has anyone contacted law enforcement about t<br>Please provide any additional information you<br>Attach additional pages if needed. | his incident? yes no have which would be helpful to the investigator. |
| Your name, address and telephone number:  |   |
| Relationship to student:  |   |
| Complainant Signature   | Witness Signature   |
| Date  | Witness Name (please print)   |
|   |   |

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.

Witness Address

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.