

Iowa City Community School District

COMPLAINT OF INJURY TO OR ABUSE OF A STUDENT BY A SCHOOL EMPLOYEE/VOLUNTEER

(Level One Complaint)

Please complete the following as fully as possible. If you need assistance, contact a Level One investigator at the ICCSD District office at 319-688-1000, extension 2630 (Equity) or 2521 (Student Services).

1. What is your Name, Address, and Phone Number?

2. Please indicate "yes" if you are the parent/guardian of the victim: Yes \_\_\_\_\_ No \_\_\_\_\_

(Note: if the person completing this form is not the parent/guardian, the Level One investigator must contact the parent/guardian)

3. What is the student's (alleged victim's) name?

4. What is the student's (alleged victim's) address/phone number (if known)?

5. What is the student's (alleged victim's) birth date and grade?

6. What is the student's (alleged victim's) physical description?

7. What is the name of the ICCSD staff member/volunteer who is accused of abusing the student (if known)?

8. In what school building/district facility does the accused ICCSD staff member/volunteer work?

**9. Allegation is of (check one) \_\_\_\_\_ physical/ \_\_\_\_\_ sexual abuse\***

\*Parents/guardians of children who are the alleged victims of or witnesses to sexual abuse and who are in pre-kindergarten through sixth grade have the right to see and hear any interviews of their children in this investigation.

**Please indicate "yes" if you are the parent/guardian and you wish to exercise this right:**

Yes \_\_\_\_\_ No \_\_\_\_\_

**10. Please describe what allegedly happened. Include the date, time, and where the incident took place, if known, and the nature of the student's injury. Attach additional pages if necessary.**

**11. 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, address, phone number, school, etc., if known, and/or description of the student(s) or person(s). (for example "third grade classmate," "best friend," "homeroom teacher," etc.)

**12. Has any professional person examined or treated the student (alleged victim) 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:

**13. Has anyone contacted law enforcement about this incident?**

Yes \_\_\_\_\_ No \_\_\_\_\_ Unknown \_\_\_\_\_

If yes, WHO was contacted by WHOM?

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

**ICCSD Complaint Case Number (to be assigned by Assistant Superintendent):**

\_\_\_\_\_

**The Iowa City Community School District will promptly and fully investigate all reports of abuse of students by school district employees.**

**If the ICCSD Level One Investigator determines this complaint is "founded," he/she will turn over the investigation to a Level Two investigator. Please see Iowa Administrative Code 102 and/or ICCSD administrative policy and regulation 504.3a for more information.**

**Thank you for your assistance.**

## **ICCSD Equity Statement**

It is the policy of the Iowa City Community School District not to discriminate on the basis of race, color, national origin, sex, disability, religion, creed, age, marital status, sexual orientation, gender identity and socioeconomic status in its educational programs, activities, or employment practices. There is a grievance procedure for processing complaints of discrimination. If you have questions or a grievance related to this policy, please contact Kingsley Botchway II, Director of Equity, 1725 N. Dodge St., Iowa City, IA 52245, (319) 688-1000, [botchway.kingsley@iowacityschools.org](mailto:botchway.kingsley@iowacityschools.org).