Code: <u>406.1</u>

COMPLAINT OF INJURY TO OR ABUSE OF A STUDENT BY A SCHOOL EMPLOYEE Complete the following as fully as possible. If you need assistance, contact your school's Level One Investigator. Student's name: ____ Student's address: Student's phone number: Student's school: Name of school employee accused of abusing the student: School at which named employee works: Allegation is of physical abuse sexual abuse* Describe what happened. Include date, time, specific location of incident, and the nature of the student's injury, if physical abuse is alleged (attach additional pages if necessary): Were there any witnesses to the incident or are there any persons who may have information about this incident? _____Yes _____No If yes, list names of individuals (if known) or categories (e.g., "3rd grade class"): Has a doctor or other professional examined or treated the student as a result of the incident? ____No ____Yes If yes, provide the name and address of the professional and the date of examination/treatment (if known): Has anyone contacted law enforcement about this incident? Yes No *Parents/guardians of children who are in Pre-K through 6th grade have the right to be notified in advance of any interview of their child either as the victim or as a witness if sexual abuse is alleged. These parents/guardians also have the right to see and hear any interviews of their children in this investigation. Please indicate if the parent/guardian wishes to exercise this right: _____ Yes _____ No Telephone #:_____

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Provide any additional information that	t would be helpful to the investigator, attaching
additional pages as needed:	
Your name, address, and telephone num	nber:
Your relationship to the student:	
C1-i	With and Cinnetons
Complainant Signature	Witness Signature
Date	Printed Name of Witness
	Witness Address
	Withess / Address
Be advised that you have the right to	o contact law enforcement, the county attorney, a private
attorney, or the State Board of Educ	ational Examiners (if the accused school employee is a
licensee of the BoEE) for separate inve	estigation of this incident. The filing of this report does not
deny you that opportunity. If you are the	ne parent/guardian of the named student, you will receive a
copy of this report, and a copy of the	Investigator's Report within 15 calendar days of filing this
report unless the investigation is turned	l over to law enforcement by the school.
Approved: <u>Sept. 28, 2010</u> R	eviewed: <u>April 28, 2015</u> Revised:
	June 23, 2020

June 25, 2025