

CACHE COUNTY SCHOOL DISTRICT NOTICE OF INVESTIGATION



Today's Date _____ Time _____ School _____

Name of Agency Representative _____

Agency representative is associated with: DCFS ___ Police ___ JJS _____ Guardian ad Litem ___ Other _____

Position of agency representative and contact information: Copy of agency I.D. attached? Yes ___ No _____

Position _____ Phone _____

Other contact info (if needed) _____

Name, birth date, age, and grade of student requested for investigation: (Age as found on school records)

Name _____ Birth Date _____ Age _____ Grade _____

Interview:

• Is the interview for purpose of investigating child abuse/neglect? Yes _____ No _____

• Is the interview for purpose of a criminal investigation? Yes _____ No _____

If YES: (Check appropriate spaces)

The student is a suspect _____

The student is a witness _____

The student is a victim _____

Interview is to obtain information only _____

Notification:

Has the parent/guardian been notified of this investigation? Yes _____ No _____

If No, will the investigating agency notify the guardian of the investigation (and student's whereabouts) by the end of the school day? Yes _____ No _____

(Please be advised, according to agency policy and procedure the representative of the investigating agency has the responsibility to notify the parent/guardian regarding this investigation. School personnel are advised not to contact parent or guardian regarding the investigation.)

Investigating Representative's Signature

School Representative's Signature

TO BE COMPLETED BY INVESTIGATING REPRESENTATIVE UPON COMPLETION OF INTERVIEW

It has been determined by investigation agency: (Check ☒ appropriate spaces)

_____ The student will be taken into custody.

_____ The student will remain at school/will be allowed to return home.

CONFIDENTIAL INFORMATION

This form contains confidential information and is to be maintained by designated school personnel only
DO NOT place this form in a student's cumulative file