REPORT OF INJURY OR ABUSE OF A STUDENT

Please complete the following as fully as possible. If you need assistance, contact the
designated investigator in you school.
Student's name and address:
Student's telephone number:
Student's school:
Name and place of employment of school employee accused of abusing student:
Please describe what happened. Include the date, time and where the incident took place, if known, and the nature of the student's injury, if any:
Were there any witnesses to the incident? yes no
If yes, please list by name, if known, or classification (for example,"third grade class",
fourth period geometry class"):
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
Please provide any 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:

Signature:			
Date:			
Witness signature:	<u></u>	<u></u>	
Witness name (please print):			
Witness address:		<u>.</u>	

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 teacher or holds a teacher's certificate) 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.

REPORT OF LEVEL ONE INVESTIGATION

Student's name:
Student's age:
Student's address:
Student's school:
Name and address of person filing report:
Name and address of student's parent or guardian, if different from person filing report:
Date report of abuse was filed:
Name and work address of school employee named in report:
physical sexual
Describe the nature, extent, and cause of the student's injury, if any and if known: (Attach additional pages in needed).
, and the state of
Describe your investigation: (Attach additional pages if needed)
Were audio tapes made of any interviews? yes no
Were video tapes made of any interviews? yes no

1989-90 CHAPTER 102 COMPLAINTS

School District	
Address	
Level One Investigator's Name	
Address	
Title/Position	
Number of formal complaints filed, school year	
Number of complaints alleging physical abuse	
Number of complaints alleging sexual abuse	
Number of complaints rejected for lack of jurisdiction	
Number of complaints founded at level one	
Number of complaints founded at level two	
Number of unfounded complaints at level one and two	
Number of complaints resolved at level one:	
by resignation alone	
by admission alone	
by admission and resignation	
by withdraw	
by recantation	

COMMENTS

Please summarize, in your own opinion, the nature of the unfounded complaints. Specifically, we would like to know whether those were unfounded because they were totally false or because there was not preponderance of the evidence to support the allegation.

Also, please feel free to comment on the effectiveness of the reporting and investigation process, and make recommendations for improvement. You may use the back of this form or attach a separate sheet. Thank you.

1990-91 CHAPTER 102 COMPLAINTS

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