

**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 your 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: \_\_\_\_\_

REPORT OF INJURY/ABUSE FORM cont'd.

Witness signature: \_\_\_\_\_

Witness name (please print): \_\_\_\_\_

Witness address: \_\_\_\_\_

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 and a copy of the Investigator's Report (if you are the named student's parent or guardian), within fifteen(15) calendar days of filing this report, unless the investigation is turned over to law enforcement.

This form is provided by the Iowa Department of Education.

This is not a substitute for legal advice. An attorney must be consulted.