**Cedar Rapids Community School District**

**COMPLAINT OF INJURY TO OR ABUSE OF A STUDENT BY A SCHOOL EMPLOYEE**

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:**

**Allegation is of** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ physical \_\_\_\_\_\_\_\_\_\_\_\_ sexual abuse\*\_\_\_\_\_\_\_\_\_\_\_\_\_

**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 physical abuse is alleged:**

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.

\*Parents/guardians of children who are in pre-kindergarten through sixth grade and are the alleged victims of or witnesses to sexual abuse 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\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (if the person completing this form is not the parent/guardian, the Level I investigator must contact the parent/guardian)

Address:

Phone Number

Relationship to student:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Complainant Signature Witness Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Witness Name (please print)