

SAMPLE

Child Abuse DHS Investigation Form

The undersigned person is an official representative of:

And hereby certifies to having legally constituted authority to conduct investigations concerning suspected child abuse/neglect/exploitation/trafficking.

Student's Name: _____ Student ID#: _____

Grade Level: _____ Age: _____ School: _____

Signature of Investigator

Printed Name of Investigator

Date

Badge Number

email address of investigator

Signature of School Administrator

Printed Name of School Administrator

Was an administrator present during the questioning of the student? ____ yes ____ no

Agency Name

Agency Phone Number

Agency Address

A copy of this form should be kept in a confidential file separate from the student's permanent folder or any other records and be retained for five years. Confidential information should be transferred with all other student records if requested by another school district.