

# CHILD ABUSE DHS INVESTIGATION FORM



The undersigned person has been identified as 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*                      *Date*                      *Signature of School Administrator*

\_\_\_\_\_  
*Printed Name of Investigator*                      *Printed Name of Administrator*

\_\_\_\_\_  
*Badge or ID Numbers*                      *E-mail address of Investigator*

Administrator present during questioning of student \_\_\_\_ yes \_\_\_\_ no

\_\_\_\_\_

\_\_\_\_\_  
*Agency Name and Address*

\_\_\_\_\_  
*Agency Phone #*

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. Submit a copy to the principal and/or other designated administrator within 24 hours of the interview.