

CHILD ABUSE 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.

