



LINN-MAR COMMUNITY SCHOOL DISTRICT
Abuse of Student by School District Employee Report Form
Complaint of Injury to or Abuse of a Student by a School District Employee

Code 403.15-E

Please complete the following as fully as possible. If you need assistance, contact the Level I investigator in your school. ***Please Print***

Student's Name and Address: _____

Student's Telephone Number: _____

Student's School: _____

Name and Place of Employment of Employee Accused of Abusing Student: _____

Allegation is of: _____ Physical Abuse _____ Sexual Abuse**

Please describe what happened: *Include date, time, and where the incident took place if known. If physical abuse is alleged, also state the nature of the student's injury.*

Were there any witnesses to the incident or are there students or persons who may have information about this incident? _____ Yes _____ No

If yes, please list by name (if known) or classification:
Example: third grade class, fourth period geometry class.

**Parents of children who are in pre-kindergarten through sixth grade and whose children are the alleged victims of or witnesses to sexual abuse have the right to see and hear any interviews of their children in the investigation. Please indicate "yes" if the parent/guardian wishes to exercise this right:

_____ Yes _____ No Telephone Number: _____