

DISTRICT FORM

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 Representative

Printed Name of Investigator Printed Name of School Representative

Badge or ID Number Email address of Investigator

School Staff Member present during questioning of student _____ yes _____ no.

Name of Staff Member

Agency Name 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 would be transferred with all other student records if requested by another school district.

Submit this form to the office of the District's School Based Social Worker at the Enrollment Center..

Adopted: February 2023

Revised: July 2025