IOWA Health and Human Services

# Student Abuse Investigation Summary

| Incident Number | Completion Date: | Addendum Date: |
|---|---|---|
| Student Abuse Investigator | | |
| School Name | District Name | |
| School Address | School Phone Number | |

**Assessment Findings:**

☐ Substantiated
☐ Unsubstantiated
☐ Inconclusive
☐ Addendum to previous summary

## Student Information

| Name | DOB | |
|---|---|---|
| Home Address | Home Phone | Sex: Male (M), Female(F) |
| School Name (if different from above) | School Address (If different from above) | |

## Parent/Guardian Information

| Name | Relationship | |
|---|---|---|
| Address | Phone | DOB |

| Name | Relationship | |
|---|---|---|
| Address | Phone | DOB |

| Name | Relationship | |
|---|---|---|
| Address | Phone | DOB |

| Name | Relationship | |
|---|---|---|
| Address | Phone | DOB |

| **School Employee Determined Responsible for Alleged Abuse** (complete only if abuse is substantiated) | |
|---|---|
| Name | DOB |
| Role/Position | Home Address |
| School Name (if different from above) | School Address (If different from above) |
| Phone (Work) | Phone (Home) |

**Alleged Abuse Type**

☐ Physical abuse ☐ Sexual Abuse ☐ Prostitution

**Allegation**

**Investigative Summary**

**Addendum Summary**

**Investigation Findings and Determination**

**Addendum Investigation Findings and Determination**

**Approval**

| | |
|---|---|
| Investigator Signature: | Date: |
| Supervisor Signature: | Date: |