IOWA Health and Human Services

Notice of Determination of Student Abuse Investigation

Date | Incident Number | Student Abuse Investigator

Supervisor

Telephone

Email

You are receiving this notice because you are: Parent/Guardian

This Is to Notify You That:

☐ The Department has completed its investigation of this report.
☐ An addendum (addition) to the initial student abuse investigation summary has been completed.

The Department's Determination Is:		
☐ Substantiated	☐ Unsubstantiated	☐ Inconclusive

Abuse Type		
☐ Physical abuse	☐ Sexual Abuse	☐ Prostitution

Student
Name

School Employee
Name

Types of Abuse Determinations:

Substantiated – Based on the investigation, there is a preponderance of the evidence indicating the incident occurred.

Unsubstantiated - Based on the investigation, there is not a preponderance of the evidence indicating the incident occurred.

Inconclusive – The investigation was referred to law enforcement, the joint investigation has not yet been concluded, there is not sufficient evidence to determine whether the incident occurred.

IOWA | Health and Human Services

Notice of Determination of Student Abuse Investigation

Incident Number

Access to Student Abuse Information: As the recipient of this notification, you may request the summary by completing the section below and mailing to Iowa Department of Health and Human Services, Student Abuse Investigations, 321 E. 12th St., 3rd floor, Des Moines, IA 50319 or by emailing it to iowastudentabuse@hhs.iowa.gov [Legal reference: 441—174.9(232E) Substantiated report—right of school employee to contested case proceedings and further review.]

Request for Student Abuse Investigation Summary	
Name of requestor	
Preferred method of receipt: ☐ Email	Email address
☐ Fax	Fax Number
☐ Mail	Address
Signature of requestor:	

School Employee's Right to Appeal Determination of Student Abuse Investigation: If you are the school employee determined responsible for a student abuse investigation (Substantiated) and you believe the determination is in error, you have the right to request an appeal. To request an appeal, you must **within 30 days of the date on this notice**:

- File an appeal electronically at https://secureapp.dhs.state.ia.us/dhs_titan_public/appeals/appealrequest, **or**
- Send a **written and signed** statement which tells why you disagree with the student abuse investigation to the Appeals Bureau, 321 E 12th Street, 4th Floor, Des Moines, Iowa 50319 or fax it to (515) 564-4044 **or**
- Send a written statement which tells why you disagree with the student abuse investigation by email to appeals@hhs.iowa.gov

Addendum Summary: If an addendum changes the findings of the original investigation to substantiated, the responsible employee has 30 days from the date of **this notice** to request an appeal. If it does not change the findings, the 30-day period to request an appeal is based on the date of your **original** notice. Please follow the directions in the section above if you are the school employee responsible for the student abuse and choose to proceed with the appeal process.