

Diocese of Des Moines

Alleged Sexual Harassment and/or Abuse by Students Report
(To Be Completed By the Alleged Victim. If Assistance is Needed
Contact the Level-One Investigator for Your School/Program)

Victim's name and address: \_\_\_\_\_

\_\_\_\_\_

Victim's telephone #: \_\_\_\_\_ Victim's School/Program: \_\_\_\_\_

Name of accused: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Allegation is of: \_\_\_\_\_ Sexual Harassment \_\_\_\_\_ Sexual Abuse

Please describe what was said and/or happened. Include the date, time and place where incident took place and what was said/done. Also state the nature of any injury, if such occurred.

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Was there any witnesses to the incident or are there any persons who may have information about this incident? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, please list by name, if known or classification (for example "fifth period gym class".)

\_\_\_\_\_
\_\_\_\_\_

Has any professional person examined or treated the victim as the result of this incident?
\_\_\_\_\_ yes \_\_\_\_\_ no \_\_\_\_\_ unknown

If yes, please provide the name and address of the professional(s) and the date(s) of examination or treatment, if known.

\_\_\_\_\_
\_\_\_\_\_

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Has anyone contacted law enforcement about this incident? \_\_\_\_\_ yes \_\_\_\_\_ no

Please provide any additional information you have which may be helpful to the investigator. Attach additional pages if needed. Also, attach any evidence, i.e. letters, photos, drawings, etc.

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Reporter's name, address and phone number (if different than alleged victim):

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Relationship to victim: \_\_\_\_\_

\_\_\_\_\_  
Complainant Signature

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Name (please print)

\_\_\_\_\_  
Witness Address

Be advised that you have the right to contact the police or sheriff's office, the county attorney, a private attorney, or State Board of Educational Examiners (if the accused is a licensed employee) for investigation of this incident. The filing of this report does not deny you that opportunity.

You, the victim or victim's parent/guardian if victim is under age 19 will receive a copy of this report and a copy of the Investigator's Report within fifteen calendar days of filing this report unless the investigation is turned over to law enforcement.

**Diocese of Des Moines**

**Level-One Investigation of Sexual Harassment and/or Abuse By Students Form**

Victim's name and address: \_\_\_\_\_

\_\_\_\_\_

Victim's telephone #: \_\_\_\_\_ Victim's School/Program: \_\_\_\_\_

Name of accused: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Name and address of person filing report if different than victim: \_\_\_\_\_

\_\_\_\_\_

Name and address of parent or guardian if victim is below age 19: \_\_\_\_\_

\_\_\_\_\_

Date report of harassment/abuse was filed: \_\_\_\_\_

Allegation is of: \_\_\_\_\_ Sexual Harassment \_\_\_\_\_ Sexual Abuse

Describe the nature, extent and cause of the sexual harassment/abuse and injury, if any and if known:  
(attach additional pages if needed.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe the investigation: Attach additional pages if needed. (Please do not use witnesses' full names.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Level-One Investigation of Sexual Harassment and/or Abuse by Students Form (Page 2)

Were audio tapes made of any interviews? \_\_\_\_\_ yes \_\_\_\_\_ no

Were video tapes made of interviews? \_\_\_\_\_ yes \_\_\_\_\_ no

Was any action taken to protect the victim during or as a result of the investigation? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, describe:

\_\_\_\_\_ victim excused from school/program/work assignment

\_\_\_\_\_ victim assigned to different class/program/work assignment

\_\_\_\_\_ accused placed on suspension/leave

\_\_\_\_\_ other (please specify) \_\_\_\_\_

Level-One investigator's conclusions:

\_\_\_\_\_ Sexual abuse was alleged; but the alleged actions of the accused, even if true, would not meet the minimum definition of sexual abuse in the rules.

\_\_\_\_\_ Alleged victim has no connection with the school/parish program.

\_\_\_\_\_ Alleged accused is not connected to or with the school/parish program.

\_\_\_\_\_ Alleged incident did not occur on school/parish program grounds, on school/parish program time, at a school/parish program sponsored activity, nor in a school/parish program related context.

\_\_\_\_\_ The complaint has been investigated and conducted at Level-One as unfounded.

\_\_\_\_\_ Complaint was withdrawn.

\_\_\_\_\_ Insufficient evidence exists that an incident of sexual harassment/abuse took place.

\_\_\_\_\_ The complaint has been investigated at Level-One and is founded.

\_\_\_\_\_ The investigation is founded at Level-One and has been turned over to Level-Two for further investigation.

\_\_\_\_\_ Investigation of the complaint was deferred at Level-One and referred to law enforcement at this time.

\_\_\_\_\_ The investigation is concluded at Level-One because the accused resigned/withdrew from school/parish program or has agreed to relinquish any educational license held.

Level-One Investigation of Sexual Harassment and/or Abuse by Students Form (Page 3)

Current status of investigation:

\_\_\_\_\_ Closed. No further investigation is warranted.

\_\_\_\_\_ Closed and referred to school/parish program officials for further investigation as a personnel matter.

\_\_\_\_\_ Deferred to law enforcement officials.

\_\_\_\_\_ Turned over to a Level-Two investigator.

Other comments: \_\_\_\_\_

\_\_\_\_\_

I have given a copy of the report of sexual harassment and/or abuse and of this investigative report to the accused named in the report, the accused's supervisor, and the victim (parent/guardian if victim is under 19 years of age) and informed person filing the report of the options of contacting law enforcement, private counsel, or the State Board of Educational Examiners, if the accused holds an Iowa educator's certificate or license.

\_\_\_\_\_  
Name of investigator (please print)

\_\_\_\_\_  
Investigator's place of employment

\_\_\_\_\_  
Signature of Investigator

\_\_\_\_\_  
Date