

Harlem Consolidated School District #122
8605 North Second Street
Machesney Park IL 61115

This form documents the date and time of a Department of Children and Family Services (DCFS) investigator's visit at _____ School. This form will be kept in a confidential file at the school during the school year in which the visit occurred.

Date: _____ Time: _____

Investigator's Name: _____
(Please print)

Investigator's Signature: _____

I, a DCFS Investigator, **do not** want the parent/guardian contacted regarding this interview.

(Investigator's Signature)

I, a DCFS Investigator, **did/did not** possess a valid protective custody form and removed _____ from school grounds.

(Student)

(Investigator's Signature)

Office Use Only

The DCFS Investigator presented their ID to the principal or other administrator _____

The principal or other administrator contacted the DCFS agency at 987-7650 _____

The principal or other administrator attempted to contact the parent/guardian by phone _____

Parent/guardian name: _____

Parent/guardian phone number: _____

On the date noted above, the DCSF investigator interviewed the following individuals:

The following staff members were present during the interview:

Building Principal or Designee
Adopted by the Board of Education: