



Rights and Responsibilities of Community Services Worker in an Investigation of Maltreatment

During the investigation process, any community services worker who is accused of maltreatment is entitled to:

1. be advised of the allegation by the designee of the community services provider or OKDHS representative;
2. be interviewed by the investigator and allowed to give his or her position in relation to the allegation;
3. be advised of the substance of the evidence against him or her prior to making a statement to the investigator. The identity of persons reporting alleged maltreatment is not released during the investigation;
4. refuse, without penalty, to take a polygraph examination;
5. submit or supplement a written statement relating to the allegation;
6. seek and receive advice concerning rights and responsibilities in the investigation and review of alleged maltreatment process; and
7. receive notice from OKDHS of the outcome of the investigation.

Any community services worker who is involved in the investigation of maltreatment has the responsibility to:

1. prepare a written incident report concerning any situation that may be reportable as maltreatment per 10 O.S. § 7102 or 43A O.S. §10-103;
2. be available for scheduled interviews relating to investigation of maltreatment;
3. respond fully and truthfully to questions relating to alleged maltreatment, with belief that his or her statements to official inquiries concerning maltreatment may incriminate him or her in a criminal prosecution for maltreatment, and at any time he or she has the right to discontinue the interview for that reason;
4. refrain from any action that may interfere with the investigation of alleged maltreatment, including any action that may intimidate, threaten, or harass any person who has or may provide information relating to alleged maltreatment;
5. appear at any hearing as requested by OKDHS;
6. provide a correct address to receive notice of the outcome of the investigation; and
7. notify Adult Protective Services, Child Protective Services, or Office of Client Advocacy, as applicable, of any address change.

I acknowledge receipt of this form, I have been advised of the allegation of maltreatment, and I understand my rights and responsibilities as set forth in this form.

Community services worker signature	Witness
-------------------------------------	---------

Community services worker street address, city, state, zip code

Date