

PARENTS AND GRANDPARENTS ABUSE CASE INVESTIGATION FORM:

Has your child (or someone else's child that you know) been targeted for psychiatric or psychological treatment, harmed by psychiatric drugs or forced onto these despite your objection? Has someone tried to convince you that your child has a "learning disorder," or is "hyperactive?" Are you aware of your child being subjected to psychological programs, tests or treatments in school?

If you have experienced this yourself, or know of someone else who has, please take the time to print this form, fill out the following questionnaire and get this back to us. Please use additional paper as needed.

After filling the form out as completely as possible, mail it to:

CCHR International
6616 Sunset Blvd.
Los Angeles, CA 90028

Please fill out the following:

Your information:

Name: _____

Address: _____

City: _____

State/Providence: _____

Zip/Postal Code: _____

Country: _____

Phone: _____

Email Address: _____

Birth Date: _____

Your report:

NAMES OF ANY SCHOOL/MENTAL HEALTH PERSONNEL INVOLVED:

(Be sure to include the person's profession - i.e. school psychologist, social worker etc.)

DESCRIBE THE ABUSE THAT OCCURRED AND INCLUDE ALL DATES:

WHAT WAS HAPPENING WITH THE CHILD/CHILDREN/FAMILY MEMBER IMMEDIATELY PRIOR TO OR AT THE TIME THE INCIDENT/ABUSE STARTED (Be sure to include any physical illness, problems in life etc.)

WAS THE CHILD SEEN BY A MENTAL HEALTH PRACTITIONER, SCHOOL PSYCHOLOGIST, OR PSYCHIATRIST?

WHEN?

WHAT WAS THE RESULT?

WERE YOU OR YOUR FAMILY OR CHILD(REN) THREATENED OR OTHERWISE COERCED TO GO ACCEPT ANY PSYCHIATRIC OR PSYCHOLOGICAL TREATMENTS, EVALUATIONS ETC.? IF SO, WHAT HAPPENED?

DID YOU PLACE YOUR CHILD(REN) ON PSYCHIATRIC "MEDICATION," SUCH AS STIMULANTS? (Circle one)

- YES
- NO

DID THE CHILD(REN) SUFFER ANY SIDE EFFECTS?

- YES
- NO

IF SO, WHAT WAS THE MEDICATION AND ITS SIDE EFFECTS THAT YOU NOTICED?

ANY OTHER INFORMATION THAT YOU WOULD LIKE TO TELL US, OR FEEL IS IMPORTANT TO THE CASE?

In addition, are you interested in the following:

1. Having CCHR further investigate your/this case.

Yes
No

2. Having complaints filed on your/another's (with their permission) behalf with the proper authorities.

Yes
No

3. Doing media interviews on your case to alert the public to these issues.

Yes
No

4. Assisting in obtaining legislation in your state on issues that address the type of abuses in your or another's case.

Yes
No

5. Writing letters to congressmen on these abuses.

Yes
No

6. Starting or getting involved in a support group for people who have suffered similar abuses.

Yes
No

Thank you again for filling out this interview form. Someone from our office will be getting back to you to assist with the next steps to take on your case once this information has been reviewed and it has been determined what we can best do to help expose and correct what has been done to you.

Please mail the completed form to:

CCHR International
6616 Sunset Blvd.
Los Angeles, CA 90028