

**Brookings-Harbor
School District 17C**

Code: **JHFF-AR**
Revised/Reviewed: 9/15/10; 6/17/15; 7/14/15

Sexual Conduct Complaint Form

Name of complainant: _____

Position of complainant: _____

Date of complaint: _____

Name and position of person allegedly engaging in sexual conduct: _____

Date and place of incident or incidents: _____

Description of sexual conduct: _____

Name and position of witness (if any): _____

Evidence of sexual conduct, e.g., letters, photos, videos, etc., (excluding sexting or sexually explicit photos or videos of individuals under 18 years of age). If sexually explicit images/videos are observed, the person observing the images/videos shall immediately contact local law enforcement and report their observation (attach evidence if possible): _____

If a student, the name, address of the parent or guardian responsible for student: _____

A description of the nature and extent of the sexual abuse, including any information which could be helpful in establishing cause of abuse and identity of the alleged abuser _____

A description of how the report was made (i.e., phone or other method) _____

The name of the agency and individual who took the report _____

The date and time that the report was made _____

The names of persons who received a copy of the written report _____

Any other information: _____

I agree that all of the information on this form is accurate and true to the best of my knowledge.

Signature: _____

Date: _____

WITNESS DISCLOSURE FORM

Name of Witness: _____

Position of Witness: _____

Date of Testimony/Interview: _____

Description of Instance Witnessed: _____

Any Other Information: _____

I agree that all the information on this form is accurate and true to the best of my knowledge.

Signature: _____

Date: _____