

Sexual Conduct Complaint Form

Name of complainant: _____

Position of complainant: _____

Date of complaint: _____

Name of person allegedly engaging in sexual conduct: _____

Date and place of incident or incidents: _____

Description of sexual conduct: _____

Name of witnesses (if any): _____

Evidence of sexual conduct, e.g., letters, photos, e-mails (attach evidence if possible): _____

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: _____

**Corvallis School District 509J
WITNESS DISCLOSURE FORM**

Name of witness: _____

Position of witness: _____

Date of testimony/interview: _____

Description of instance witnessed: _____

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: _____