

Lowell School District 71

Code: **JHFF-AR**
Revised/Reviewed: 11/22/10; 5/19/14
Orig. Code(s): JHFF-AR

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, i.e., letters, photos, etc. (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

