

Multnomah Education
Service District

Code: **JHFF-AR(2)**
Revised/Reviewed: 2/11/13; 8/14/13

Sexual Conduct Complaint Form

Date of complaint: _____

Name of complainant: _____

Position of complainant: _____

Name of person allegedly engaging in sexual conduct: _____

Date of incident: _____

Location of incident: _____

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 and attached is accurate and true to the best of my knowledge.

Signature: _____

Date: _____

Note: Form to be filed with superintendent