Code: JHFF-AR

Phoenix-Talent School District 4

Sexual Conduct Referral

Person initiating this referral must:

- 1. Report incident IMMEDIATELY by telephone to Superintendent.
- 2. Send completed referral form to Superintendent.

ALLEGED VIOLATOR:			
SUPPORTING WITNESS(E	ES):		
Last Name F	irst M.I.	Age	Date of Birth
School			Grade
NFORMATION GATHERE	D: DATE	TIME	
REFERRER:	NAME	POSITION	
Last Name F	irst M.I.	Age	Date of Birth
School			Grade
INFORMATION GATHERE	D: DATE	TIME	
REFERRER:	NAME	POSITION	
SPECIFIC ALLEGATIONS:		ITIONAL PAGE, IF NECESSA	
		concern. (Use reverse, if necessa	
Specific Victim Information (if any)		
Address/Zip Code			Telephone
	D-4	m:	
Reported to Superintendent: I	Date:	Time:	<u> </u>