

Scappoose School District 1J

Code: **JHFF-AR**
Revised/Reviewed: 7/10/14; 9/10/18
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, e.g., 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: _____

Scappoose School District
33589 South East High School Way, Scappoose, OR 97056-3326 | 971-200-8000

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: _____