

Three Rivers School District

8550 New Hope Rd • PO Box 160 • Murphy, OR 97533

Code: **JHFF-AR**
Revised/Reviewed:

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: _____

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: _____