

Northwest Regional ESD

Code: JHFF-AR
Revised/Reviewed: 2/03/11; 8/08/17
Orig. Code: 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:

Northwest Regional ESD

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: