

**Sexual Conduct Complaint Form**

JHFF-AR

Dallas School District #2

Dallas, Oregon 97338

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, i.e., 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.

Name: \_\_\_\_\_ Date: \_\_\_\_\_