

DISCLAIMER

Attached are the policy samples you requested. You may print these policies but should present them to the school board for discussion, any modifications and final adoption. The policies CANNOT be adopted in their current formats. You must make a choice for all text in brackets and you must make a choice regarding any redline and strikeout text.

Oregon School Boards Association
Selected Sample Policy

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: _____

[Name of District]
[Address] | [Phone]

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: _____