

Powell Butte Community Charter School
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(s):

Description of sexual conduct:

Name of witness(es) (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:

Powell Butte Community Charter School
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: