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: ___________________________

9/23/10 | RS

Sexual Conduct Complaint Form - JHFF-AR 2-2
Disclosure Release

To:

<table>
<thead>
<tr>
<th>Education Provider:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Attn:</strong> Personnel Department</td>
<td></td>
</tr>
<tr>
<td>Street Address:</td>
<td></td>
</tr>
<tr>
<td>City, State, Zip:</td>
<td></td>
</tr>
</tbody>
</table>

The applicant named below is under consideration for employment in our district. This individual has previously been employed with your organization. As a former employer, please provide the information requested within 20 business days as required by ORS 339.374.

<table>
<thead>
<tr>
<th>Applicant name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>[first, middle, last]</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dates of employment:</th>
<th>☐ No record of employment</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Positions held:</th>
<th></th>
</tr>
</thead>
</table>

I authorize you to release to the district listed below, all information related to any substantiated reports of child abuse, sexual conduct under ORS 339.370, or crimes listed in ORS 342.143. Such information includes all related documents. I release the above employer and any employees or agents acting on behalf of the employer from any liability for providing information described in this document.

______________________________  ________________________
Applicant Signature               Date

This section to be completed by previous employer only.

The employee ☐ was ☐ was not the subject of a substantiated report of child abuse or sexual conduct related to the applicant's employment with the education provider.

Dates of any substantiated reports: ________________________________

Please attach the definitions of child abuse and sexual conduct used by the District when the education provider determined that any reports were substantiated and the standards used by the District to determine whether any reports were substantiated.

If the employee was convicted of a crime listed in ORS 342.143, please send the employee's disciplinary records as required by ORS 339.388 (7).

______________________________  ________________________
Former Employer Representative Signature               Date

______________________________  ________________________
Printed Name               Job Title

Return completed information to: ________________________________  ________________________________

Questions? Call: (District) (District Address)

The Madrone Trail Public Charter School, 3070 Ross Lane, Central Point, OR 97502