

**Madrone Trail
Public Charter School**

Code: **JHFF-AR**
Adopted: **5/8/19**

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: _____



Madrone Trail Public Charter School

Disclosure Release

To:

Education Provider:
Attn: Personnel Department
Street Address:
City, State, Zip:

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.

Applicant name: <i>[first, middle, last]</i>	
Dates of employment:	<input type="checkbox"/> No record of employment
Positions held:	

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 <input type="checkbox"/> was <input type="checkbox"/> 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)