

APPENDIX D – Complaint Form for Allegations of Sexual Misconduct

COMPLETED FORM MUST BE SUBMITTED TO STAFF OR EXECUTIVE COUNCIL

Date of this Report: _____

Reported by Name: _____

Relationship to Accuser: _____

Address: _____

Telephone No./Email: _____

Person(s) suspected of misconduct Name(s): _____

Relationship to Accuser: _____

Address: _____

Telephone No./Email: _____

Other Person(s) involved (Alleged Witnesses) Name(s): _____

Relationship to Accuser: _____

Relationship to Accused: _____

Address: _____

Telephone No./Email: _____

Describe incident(s) of alleged sexual misconduct, including date(s), time(s), locations, et al. Be as accurate and specific as possible.

Attach and/or provide any additional information which may be helpful to the investigation.

Prepared by _____ Date _____