Riverdale School District

SUSPECTED SEXUAL CONDUCT REPORT FORM

Name of person making report: _____

Position of person making report: _____

Name of person suspected of sexual conduct: _____

Date and place of incident or incidents: _____

_____

Description of suspected sexual conduct: _____

_____

_____

Name of witnesses (if any): _____

_____

_____

Evidence of suspected 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: _____