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| **DISTRICT CONTACT INFORMATION & AUTHORIZATION** | |
| Date Requested:Click or tap to enter a date. | Requested Completion: |
|  |  |
| School District: | School: |
| Contact Name: | Contact Title: |
| Contact Email:Click or tap here to enter text. | Contact Phone:Click or tap here to enter text. |
| Authorized By: Click or tap here to enter text. | Authorized Signature:Click or tap here to enter text. |
|  |  |

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| --- | --- |
| **INCIDENT INFORMATION** | |
| Date of Incident(s):Click or tap here to enter text. | Location of Incident:Click or tap here to enter text. |

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| **INCIDENT INFORMATION** |

|  |  |
| --- | --- |
| Date of Incident(s):Click or tap here to enter text. | Location of Incident:Click or tap here to enter text. |

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| Initial Report By: | Complainant | Third Party | Anonymous | Safe Oregon Tip Line |

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| Agencies Notified: | Law Enforcement | Child Protective Services | TSPC | Other: Click or tap here to enter text. |

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| **TYPE OF INVESTIGATION** (Check all that apply) | | | |
| Bias Incident | Bullying | Dating/Domestic Violence | Discrimination |
| Gender Discrimination | Harassment | Sexual Assault | Sexual Assault |
| Sexual Misconduct | Sexual Orientation | Physical Assault | Retaliation |
| Stalking | Threat(s) | Title IX | Other: |
|  |  |  |  |

**DESCRIPTION OF COMPLAINT**

: Click or tap here to enter text.