



WEST LINN - WILSONVILLE SCHOOL DISTRICT

Staff Complaint Reporting Form

This form is to be used to file any complaints concerning discrimination, sexual harassment, sexual conduct with a student by a staff member (staff member defined as - district employee, volunteer, intern, coach, contractor), Title IX and/or a bias incident*. **Upon completion, submit this form to the Director of Human Resources at walderns@wlwv.k12.or.us.**

Your Name:	Date:
Job Title:	
Phone Number:	Email Contact:

Are you the person who experienced the conduct? If not was the person a student, employee, parent, or other? (explain):
Who does the complaint involve? Please list the name(s) of individuals along with their position or role (student, employee, volunteer, visitor):

How did you come to learn of the incident(s)?	
<input type="checkbox"/> I am the complainant / victim	<input type="checkbox"/> The victim reported the incident to me
<input type="checkbox"/> A third party reported the incident(s) to me	<input type="checkbox"/> I witnessed the incident(s)
On what date(s) did you learn of the incident(s)?	
Where and when did the incident(s) occur?	

Please describe the incident(s) at issue below (and on additional pages as necessary). Be as specific as possible, including information about the people involved and any witnesses.
How can we support you through this process?
Would you like association representation and/or us to contact them?

Signature & Date

* Note applicable district policies: [AC: Non-Discrimination](#) / [GBEA: Workplace Harassment](#)
[GBN/JBA: Sexual Harassment/Title IX](#) / [GBNAB/JHFE: Reporting Requirements Regarding Sexual Conduct with Students](#)

*AC-AR, GBEA-AR, GBN/JBA-AR, GBNA/JHFF-AR