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**Oregon Department of Education**255 Capitol Street NE, Salem OR, 97310  
General Phone: (503) 947-5600

Sexual Conduct Reporting Hotline: (503) 947-4227   
[Oregon Department of Education Website](http://www.oregon.gov/ode)  
To submit, please create a [secure file transfer here](https://district.ode.state.or.us/apps/xfers/). Please select the following email as the recipient of the report for the secure file transfer: [ODE.ReportSexualMisconduct@ode.state.or.us](mailto:ODE.ReportSexualMisconduct@ode.state.or.us)

**SEXUAL MISCONDUCT REPORT FORM**

| **PERSON FILING REPORT OF SUSPECTED SEXUAL MISCONDUCT** | | | | |
| --- | --- | --- | --- | --- |
| **REVIEW AND CHECK APPLICABLE BOXES:**  I have reviewed and understand the [Sexual Misconduct Reporting Guide](https://www.oregon.gov/ode/students-and-family/healthsafety/Documents/Sexual%20Misconduct%20Reporting%20Guide_Online%20version.pdf).  **If you work for an education provider please indicate whether, regarding this incident, a local investigation:**  is in progress  has been conducted | | **Other agencies notified (Check all that apply):**  DHS  Police or other law enforcement agency  TSPC  Other:  Enter name of other agency | | |
| **FIRST NAME**  Enter first name | **MIDDLE NAME**  Enter middle name | | **LAST NAME**  Enter last name | |
| **IF YOU WORK FOR AN EDUCATION PROVIDER, PLEASE PROVIDE YOUR POSITION/TITLE:** Click or tap here to enter text.  **INSTITUTION NAME:** Click or tap here to enter text. **DISTRICT NAME:** Click or tap here to enter text. | | | | |
| **STREET ADDRESS (IF YOU WORK FOR AN EDUCATION PROVIDER, PLEASE PROVIDE YOUR WORK ADDRESS)**  Enter street address | | | | |
| **CITY**  Enter city name | | **STATE**  Select State | | **ZIP CODE**  Enter ZIP Code |
| **EMAIL ADDRESS**  Enter email address | | **WORK PHONE**  (XXX) XXX-XXXX | **HOME PHONE**  (XXX) XXX-XXXX | **CELL PHONE**  (XXX) XXX-XXXX |

| **PERSON SUSPECTED OF SEXUAL MISCONDUCT** | | | | |
| --- | --- | --- | --- | --- |
| *\*NOTE:  if multiple people were involved in the incident, a separate form must be completed for each individual who is suspected of committing sexual misconduct*. | | | | |
| **FIRST NAME**  Enter first name | **MIDDLE NAME**  Enter middle name | | **LAST NAME**  Enter last name | |
| **PERSON’S TITLE/POSITION (IF KNOWN):** Click or tap here to enter text.  **THIS PERSON IS A:**  School Employee  Contractor  Agent  Volunteer | | | **IS THE PERSON LICENSED WITH TSPC?**  Yes  No  Unknown | |
| **CONTACT INFORMATION FOR PERSON SUSPECTED OF SEXUAL MISCONDUCT (IF KNOWN)** | | | | |
| **STREET ADDRESS**  Enter street address | | | | |
| **CITY**  Enter city name | | **STATE**  Select State | | **ZIP CODE**  Enter ZIP Code |
| **EMAIL ADDRESS**  Enter email address | | **PHONE NUMBER**  (XXX) XXX-XXXX | | |
| **SCHOOL WHERE THE PERSON IS EMPLOYEED (IF APPLICABLE)**  Enter school name | | | | |
| **ADDRESS OF SCHOOL**  Enter school address | | | **SCHOOL DISTRICT**  Enter district name | |

| **STUDENT WHO MAY HAVE BEEN SUBJECTED TO SEXUAL MISCONDUCT** | | | | |
| --- | --- | --- | --- | --- |
| **FIRST NAME**  Enter first name | **MIDDLE NAME**  Enter middle name | | **LAST NAME**  Enter last name | |
| **SCHOOL STUDENT ATTENDS (IF KNOWN)**  Enter name of school | | | **STUDENT’S GRADE (IF KNOWN)**  Enter grade level | |
| **CONTACT INFORMATION FOR STUDENT (IF KNOWN)** | | | | |
| **STREET ADDRESS**  Enter street address | | | | |
| **CITY**  Enter city name | | **STATE**  Select State | | **ZIP CODE**  Enter ZIP Code |
| **EMAIL ADDRESS**  Enter email address | | **PHONE NUMBER**  (XXX) XXX-XXXX | | |

| **WITNESS TO THE INCIDENT** | | | | |
| --- | --- | --- | --- | --- |
| **The space below is intended for you to provide information about any potential witnesses to the incident. If you do not know of any witnesses, please skip to the certification section of the form.**  ***\*NOTE: If there are additional witnesses to the incident, please include information about those witnesses and their contact information in the field provided below for the description of the incident.*** | | | | |
| **FIRST NAME**  Enter first name | **MIDDLE NAME**  Enter middle name | | **LAST NAME**  Enter last name | |
| **THIS WITNESS IS**  a student at Insert school name here  a volunteer at Insert school name here  other Enter other  An employee at Insert school name here Employee position: Enter position/title | | | | |
| **CONTACT INFORMATION FOR WITNESS (IF KNOWN)** | | | | |
| **STREET ADDRESS**  Enter state address | | | | |
| **CITY**  Enter city name | | **STATE**  Select State | | **ZIP CODE**  Enter ZIP Code |
| **EMAIL ADDRESS**  Enter email address | | **PHONE NUMBER**  (XXX) XXX-XXXX | | |

| **CERTIFICATION REGARDING INFORMATION PROVIDED ON THIS FORM** | |
| --- | --- |
| **I certify that, to the best of my knowledge, the information that I am providing on this form, including the description of the incident appearing on the following page, is accurate and true.** | |
| Please include a description of the incident of suspected sexual misconduct on the following page.  If you are submitting this form electronically, please enter your full legal name and today’s date in the boxes below. | |
| **SIGNATURE** | **DATE** |

| **PLEASE ENTER THE NATURE/DESCRIPTION OF THE INCIDENT OF SUSPECTED SEXUAL MISCONDUCT BELOW** | |
| --- | --- |
| **PLEASE DO NOT SUBMIT ANY EVIDENCE WITH THIS FORM.** If this report is assigned for investigation, the assigned investigator will contact you directly to obtain any evidence or additional material/information. | |
| **DATE(S) OF INCIDENT(S)**  Enter applicable date(s) | **LOCATION(S) OF INCIDENT(S)**  Enter applicable location(s) |

Enter description of the incident of suspected sexual misconduct here.