Teen Dating Violence and Sexual Violence Formal Complaint

This complaint form is for allegations of teen dating violence or sexual violence which occurred in a Lincoln Public School education program or activity. This form must be completed as fully as possible, including any documentary evidence, to enable the District to conduct a full and fair investigation.

Reporting Party Information

Name: _____ **DOB:** _____
Home Address: _____
Phone: _____ **Email:** _____

Victim Information (if different from Reporting Party)

Name: _____ **DOB:** _____
Home Address: _____
Phone: _____ **Email:** _____

School Address: _____

Alleged Perpetrator Information

Name: _____ **DOB (if known):** _____
Relationship to Victim: _____
Contact Information (if known): _____
_____

Incident(s) Details

Date and Time of Incident(s): _____
Location of Incident(s): _____
List of any Witnesses: _____
Description of Incident: _____

Documents/messages/photos/evidence related to the incident (if yes, please describe):

_____
_____
_____
_____

Complainant Printed Name: _____
Complainant Signature: _____ **Date:** _____

Received by Printed Name: _____
Received by Signature: _____ **Date:** _____