



ALTURAS INTERNATIONAL ACADEMY

151 N Ridge Avenue, Idaho Falls, ID 83402 | Office: 208-522-5145 | Fax: 208-522-5147
Office@AlturasAcademy.org | AlturasAcademy.org

STUDENTS

3085F1

Sexual Misconduct Reporting Form for Students

Alturas International Academy

Date _____

Student's Name _____

(If you feel uncomfortable leaving your name, you may submit an anonymous report, but please understand that an anonymous report will be much more difficult to investigate. We assure you that we'll use our best efforts to keep your report confidential.)

Who was responsible for the harassment or incident(s)? _____

Describe the incident(s): _____

Date(s), time(s), and place(s) the incident(s) occurred: _____

Were other individuals involved in the incident(s)? yes no

If so, name the individual(s) and explain their roles: _____

Did anyone witness the incident(s)? yes no



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If so, name the witnesses: _____

Did you take any action in response to the incident? yes no

If yes, what action did you take? _____

Were there any prior incidents? yes no

If so, describe any prior incidents: _____

Signature of complainant _____

Signatures of parents/legal guardian _____