EXHIBIT A

LEAVENWORTH COUNTY MULTIPLE-OCCUPANCY PUBLIC SPACES

COMPLAINT FORM

Please complete this form to make a complaint under state law (H. Sub. for SB 244, adopted 2026). Your complaint must arise from a multiple-occupancy private space (ex. bathrooms or locker rooms) within a Leavenworth County building. The state law does not apply to the use of single-occupancy private spaces (ex. family restrooms). Please provide as much detail as possible. The County's ability to investigate may be impacted by the information and amount of detail you can provide.

Your Information

Name:

_____

Phone Number:

_____

Email:

_____

Address:

_____

Today's Date: _____/_____/_____

Complaint Details

County Facility Name: _____

Multiple-Occupancy Private Space Location: _____

Date of Incident/Concern: _____/_____/_____

Time of Incident/Concern: _____

Description of Incident/Concern:

List County Employees who may have information:

_____

Do you have photographs or videos of the incident/concern? Yes No

Accused Individual

If your complaint is against a specific person who allegedly entered a multiple-occupancy private space designated for use by the opposite sex, please provide the person's name and any identifying information.

Name:

_____

Address:

_____

Phone Number:

_____

Other Identifying Information:

_____

Contact Information for Witnesses

Please provide the name, address, and telephone number of any witnesses to the incident/complaint in the box below.

Certification

I certify that the above information is true and accurate to the best of my knowledge.

_____

By: (print name) _____

Date: _____