

Reporting Form Regarding Sexual Conduct with Students

Date of report: _____

The name and contact information of the person making the report: _____

Name of person allegedly engaging in sexual conduct: _____

Date and place of incident or incidents: _____

Description of sexual conduct: _____

The name and contact information of witnesses (if any): _____

Evidence of sexual conduct, e.g., letters photos, etc. (attach evidence if possible): _____

I agree that all of the information on this form is accurate and true to the best of my knowledge.

Signature: _____ Date: _____

For office use only.

The name of individual who took the report: _____

Date and time that the report was made: _____

Date and time it was reported to the superintendent: _____