Lourdes Public Charter School

Code: GBNAA/JHFF-AR(2)

Revised/Reviewed: 4/28/25

Suspected Sexual Conduct Reporting Forms

Name of person making report:

Position of person making report:

Name of person suspected of sexual conduct:

Date and place of incident or incidents:

Description of suspected sexual conduct:

Name of witnesses (if any):

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

Any other information:

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

Signature: Date:

**Witness Disclosure Form**

Name of witness:

Position of witness:

Date of testimony/interview:

Description of instance witnessed:

Any other information:

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

Signature: Date: