

**PATHWAY PROGRAMS THIRD PARTY REPORTING FOR ALLEGED SEXUAL
ABUSE/ASSAULT/HARASSMENT**

Name of Juvenile Victim: [REDACTED]

Facility: [REDACTED]

Details of Alleged Incident:

Date: [REDACTED]

Time: [REDACTED]

Who was involved?

[REDACTED]

What occurred?

[REDACTED]

Where did it occur?

[REDACTED]

How did it occur?

[REDACTED]

Any other pertinent information:

[REDACTED]

Reporter's Name: [REDACTED]

Phone Number: [REDACTED]

Reporter's Email Address: [REDACTED]

Please email form to Kimmy Fail, PREA Coordinator, at kfail@pathway-inc.com or send via mail to P.O. Box 311206, Enterprise, AL 36331