

PREA

Third Party Reporting Form

Sexual Abuse or Sexual Harassment on Behalf of a Resident

Today's Date:

Mail To:

1700 Oliver Hill Way
Richmond, VA 23219

Please complete this form to report sexual harassment on behalf of a resident.

RJDC will ensure that all staff, contractors, volunteers, offenders, and probationers are free from retaliation for reporting occurrences of sexual abuse and sexual harassment.

CONTACT INFORMATION

Name (Last, First):

Phone (optional):

Best time to contact you:

Morning Afternoon Evening

DESCRIPTION OF INCIDENT

Date of incident (if known):

Resident(s) involved:

Staff member(s) involved:

Type of incident (if known):

Sexual abuse/Assault Sexual Harassment Rape
 Sexual Contact/intimacy Unknown

Facility of Resident:

Description of incident: (Please provide any information that may be useful in our investigation)

If you have any addition questions or concerns please call 804-646-2937