

PREA Incident Report Form

If you would like to report an incident of sexual abuse or sexual harassment involving yourself, another inmate, or a staff member while in the custody of a correctional facility or program at a Community Resource for Justice, please complete the following form.

If requested, your anonymity will be protected. All reported incidents will be investigated. You will be contacted but you will still remain anonymous.

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Your Name

\_\_\_\_\_

Your Address

\_\_\_\_\_

Your Contact Telephone Number(s)

\_\_\_\_\_

Your E-Mail Address

When and where did the incident take place? \_\_\_\_\_

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Describe the Incident (please be specific): \_\_\_\_\_

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PREA Incident Report Form

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**(If you need additional space, please do not write on the back, but use another piece of paper)**

Who was the victim ? How can we contact the victim?

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Who was the suspect? Where could we contact the suspect?

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Please mail this completed form to:                   PREA Coordinator  
  Community Resources of Justice  
  8293 Mary Ball Road  
  Lancaster, VA 22503

OR

Fax this completed form to the attention of the PREA Coordinator at 804-462-5191