



PREA – Incident Report

Upon filling out this form to the best of your ability, please pass it to the on duty manager. The on duty manager is required to pass the original report to the PREA Compliance Manager (Detention Manager) and required to email/interoffice a copy to the PREA Coordinator (HR).

Name and office phone # of reporting staff: _____

Please specify if you are a witness to the circumstances involved, or if you are reporting information received from another party (victim, family member, anonymous tip, etc). _____

In what facility did the alleged incident occur? _____
Include city and state:

On what date did the incident occur? (month/day/year) _____
(If more than one date, include all dates)

Where did the incident occur? _____
(Laundry room, kitchen, sleeping area, etc.)

List any possible witnesses: _____

Alleged victim’s name? _____ **Gender?** _____ **Age?** *(At the time of the incident)* _____

Describe incident details: _____

Has medical and/or mental health treatment been sought or offered to the alleged victim? _____ **If so, when, where and how soon after the incident?** _____

Alleged perpetrator’s name? _____ **Gender?** _____ **Age?** _____

The following is to be completed by the PREA Compliance Manager or PREA Coordinator

What notifications have occurred since the disclosure? (names of people/institutions contacted, method of contact and dates of contact) _____

Additional notes and follow-up details: _____

Initial Receiving Manager: _____ Date: _____

Distribution: _____ PREA Compliance Manager _____ PREA Coordinator _____ Outside Agency