

# PREA Comprehensive Education Session

## Resident Acknowledgment Form

Facility name: \_\_\_\_\_

I, \_\_\_\_\_

(Please print your full name)

agree that I have been given a comprehensive education session on PREA (Prison Rape Elimination Act) topics.

I understand the zero tolerance policy on all sexual abuse and sexual harassment. Multiple methods of reporting any sexual abuse and sexual harassment have been explained to me, and I understand how to report any such abuse and harassment. I understand how to use services and programs related to sexual abuse and harassment.

I understand what PREA is and the definitions related to PREA. I have been given information on how to identify sexual harassment and abuse.

All information has been provided in my own language, and I have been given the opportunity to ask questions about all material presented in the session.

\_\_\_\_\_

Resident's signature

\_\_\_\_\_

Date