

# PREA Orientation Resident Acknowledgment Form

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

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

(Please print your full name)

agree that I have been given an orientation on PREA (Prison Rape Elimination Act) policies.

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. Furthermore, I understand how to use services and programs related to sexual abuse and harassment. I have been given the opportunity to ask questions about the PREA zero tolerance policy and reporting.

\_\_\_\_\_  
Resident's signature

\_\_\_\_\_  
Date