

Complete this form to report a violation of PREA or if filing a grievance of rights under PREA.

Indicate:

- Initial report
- Report of retaliation/grievance

Date of report:

Date of incident:

Time of incident:

Location of incident:

- Male unit and description of where
- Female unit and description of where
- Annex and description of where
- Glory House grounds and description of where

Client's Name:

Name of reporter if not client (not required):

Contact information of reporter if not client (not required):

Name of perpetrator:

Allegations involve:

- Client against client
- Staff against client
- Other agency representative (contractor, volunteer, or intern)

Details of the incident:

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Name of staff incident was first reported:

Name of staff investigator:

Date of investigation:

Investigator Comments:

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Date summary provided to client:

(If a client discharges prior to conclusion of investigation, summary will not be provided)