

Third Party Reporting Form
Alleged Sexual Abuse, Sexual Assault and Sexual Harassment

Please provide the resident's information:

First Name _____ Last Name _____

Please provide detail of the alleged incident:

Date _____ Time _____

Who was involved:

What happened:

Where did it occur:

How did it occur:

Third Party Reporting Form
Alleged Sexual Abuse, Sexual Assault and Sexual Harassment

How did you find out about the alleged incident:

Any other pertinent information:

Please provide your information or leave blank for an anonymous report:

First Name _____ Last Name _____

Phone Number (with Area Code) _____

Email Address _____

***If you feel a resident is subject to a substantial risk of imminent harm, immediately notify the facility of your concerns by calling and speaking with Agency-wide PREA Coordinator, Vicki Sherlock at 661-325-5774 ext. 19 or cell phone at 661-331-9401. If none of the parties are available, please notify any staff member. Staff shall immediately forward the concern to the Director for a level of review where immediate corrective action may be taken.