

**Department of Juvenile Justice
Residential Services
PREA Third Party Reporting Form**



Third Party Reporting Form

Sexual Abuse or Sexual Harassment
on Behalf of a Resident

Today's Date:

Mail to:

PREA Coordinator
1601 Old Bon Air Rd.
North Chesterfield, VA 23235
Or email to:
djjpreahotline@djj.virginia.gov

Please complete this form to report sexual abuse or sexual harassment on behalf of a resident.

DJJ will ensure that all residents, staff, contractors, and volunteers are free from retaliation for reporting sexual abuse or sexual harassment.

CONTACT INFORMATION

Name (Last, First):

Phone (optional):

Best time to contact you:

Morning

Afternoon

Evening

DESCRIPTION OF INCIDENT: *Please provide any information you presently know that may be useful in our investigation. Please **do not** seek out any involved parties to obtain additional or clarifying information.*

Date of incident (if known):

Resident(s) involved:

Staff member(s) involved:

Type of incident (if known):

Sexual Abuse

Sexual Harassment

Unknown

Description:

If you have additional questions or concerns please call the Agency PREA Coordinator at (804) 297-1019