

PREA Initial Notification Form

Facility: _____ Date of Incident: _____
 Location: _____ Time of Incident: _____
 Incident Report #: _____

Type of Allegation (Select one):	Alleged Victim(s)		Alleged Aggressor(s)	
	Name	ID#	Name	ID#
_____ S/I Abuse				
_____ S/I Harassment				
_____ I/I Abuse				
_____ I/I Harassment				

Summary of Incident:

How were you notified of this incident? (Grievance, Hotline, Staff, Ombudsman, 3 rd party, etc.)	
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	Y/ N	
SART notified?	_____	Name _____ By whom _____ Date/Time _____
	Y/ N	
SANE notified?	_____	If yes, name _____ By whom _____ Date/Time _____
	Y/ N	
Criminal Investigations notified?	_____	If yes, name _____ By whom _____ Date/Time _____
	Y/ N	
Internal Affairs notified?	_____	If yes, name _____ By whom _____ Date/Time _____
	Y/ N	
PREA Coordinator notified?	_____	If yes, name _____ By whom _____ Date/Time _____

Name/ Title of person submitting report	Signature/ Title
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Retention Schedule: Upon completion, this form shall be placed in the PREA investigative case file and maintained for the length of the offender's incarceration plus five (5) years, or 10 years from the initial report, whichever is greater.

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