

## SEXUAL ALLEGATION NOTIFICATION AND EVALUATION LOG

**Evaluating Facility:**

**Month:**

**Year:**

Identifying information		Notification To MH	Evaluation Information						Warden/Designee/SART Notification		Alleged Perpetrator (check one)	
Offender Name	GDC#	Date	Date	Evaluator Name	Already MH Y/N	Added to MH Y/N	Follow-up Evaluation Date	Trauma Treatment Begin Date	Date/Time	Name	Offender	Staff