

GEORGIA DEPARTMENT OF CORRECTIONS

Facility: _____

MENTAL HEALTH SEXUAL ALLEGATION

Name: _____

FOLLOW - UP REPORT

GDC #: _____

DOB: _____

Race: _____ Sex: _____

This offender was involved with a sexual allegation on _____ (date).

The allegation was _____.
(offender-on-offender; staff-on-offender)

Signature/Title

Date

Printed name: _____

CONFIDENTIAL