



PREA Third Party Reporting Form

Sexual Abuse or Sexual Harassment on Behalf of an Offender

Today's Date:

Mail to: Client Sexual Abuse Response Team
PO Box 2325 Miami, FL
33101-2325

Please complete this form to report sexual abuse or sexual harassment on behalf of an offender.

Riverside House will ensure that all staff, contractors, volunteers, offenders and probationers are free from retaliation for reporting occurrences of sexual abuse or sexual harassment.

CONTACT INFORMATION

Name (Last, First):

Phone (optional):

Best time to contact you:

Morning Afternoon Evening

DESCRIPTION OF INCIDENT

Date of incident (if known):

Offender(s) involved:

Staff member(s) involved:

Type of incident (if known):

Sexual Abuse Sexual Assault Sexual Harassment

Description of incident: (Please provide any information that may be useful in our investigation)

If you have additional questions or concerns please call 305-326-9799