



## Staff Reporting Responsibilities Form Prison Rape Elimination Act (PREA)

Date Reported	Date	Date of Incident	Date	Institution	
AIC Victim Name <i>(Print)</i>	Last	First	SID Number	SID	
Suspect Name <i>(Print)</i>	Last	First	SID Number	SID	
<p><b>Reporting Responsibilities:</b></p> <ol style="list-style-type: none"> <li>1. Ensure the victim is safe and kept separated from the alleged perpetrator (if immediate need exists)</li> <li>2. Notify the Officer-in-Charge or your Supervisor as soon as possible in as private manner as possible</li> <li>3. Complete this form</li> <li>4. Preserve evidence. <i>Request</i> the alleged victim, and <i>ensure</i> the alleged perpetrator, not take any actions that could destroy physical evidence. This may include washing up, brushing teeth, changing clothes, using the restroom, drinking, or eating, etc.</li> </ol>					
<p><i>Detail all information received (who, what, where, when, etc.) Follow up questions should only be asked if the information is needed to keep the victim safe.</i></p>					
<p>Person you reported the incident to: Name _____</p> <p>Date/Time you reported the incident: <u>Date:</u> _____ <u>Time:</u> _____</p>					

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

<i>PREA Compliance Manager/Sexual Abuse Liasion use only</i>		
OMS Case Number	Case#	If staff related incident, forwarded to SIU/PREA Coordinator for Review? <input type="checkbox"/> Yes <input type="checkbox"/> No