

# PREA Initial Notification Form

SOP 208.06  
Attachment 10  
Revised: 06-23-22  
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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:

(This Section should answer the questions: 1. What was the specific allegation (details)? 2. What steps were taken to protect the victim? 3. Were either the victim or aggressor placed in Administrative segregation/Why? 4. Was SANE necessary/Was a SANE examination conducted?)

How were you notified of this incident? (Grievance, Hotline, Staff, Ombudsman, 3<sup>rd</sup> party, etc.)

Y/  
N

SART notified?

\_\_\_\_\_ If yes, 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 (Person Submitting Report)

\_\_\_\_\_  
Signature/Title

Retention Schedule: Upon completion this form is to be placed in the PREA case file as well as emailed to the PREA Unit.