

# PREA Initial Notification Form

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