SEXUAL ALLEGATION NOTIFICATION AND EVALUATION LOG

Evaluating Facility: Month: Year:

Identifying information		Notification To MH	То МН						Warden/Designee/SART Notification		Alleged Perpetrator (check one)	
Offender Name	GDC#	Date	Date	Evaluator Name	Already MH Y/N	Added to MH Y/N	Follow-up Evaluation Date	Trauma Treatment Begin Date	Date/Time	Name	Offender	Staff

Form no. M55-01-01

Retention Schedule: Upon completion, this form shall be maintained in the mental health area for 10 years.