

Date of Notification:		CPS Referral#:	
Name of Alleged Victim:		Name of Alleged Perpetrator:	
Facility/Unit:		Staff Notified:	

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**Allegation Type:** ☐ Sexual Abuse ☐ Sexual Harassment

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**Safety Measures Required/Recommended:**

1. Separate the alleged victim and abuser (PREA Standard 115.364)
2. Remove alleged staff sexual abusers from contact with residents pending the outcome of an investigation (PREA Standard 115.366)

**Retaliation Monitoring is required for the following persons:**

  
  
  

**Describe Any Additional Safety Measures:**

  
  
  

**Additional Information:**

  
  
  

Notification Sent by: \_\_\_\_\_ Title/Position \_\_\_\_\_  
DCS Staff



**INSTRUCTIONS FOR USE OF FORM  
CS-4258**

**Initial Notification of Sexual Abuse and/or Sexual Harassment Allegation for  
PREA Facilities**

The purpose of this form is to notify PREA facilities of the initiation of an investigation of an allegation or allegations of sexual abuse or sexual harassment in the facility.

1. Upon receiving an allegation of alleged sexual abuse and/or sexual harassment from the referent, this form shall be filled out and sent to the PREA facility where the allegation(s) were made upon case assignment in compliance with the notification requirement in PREA Standard §115.351.
2. Once the facility is notified, a copy of this form is maintained in a restricted electronic file on the L Drive with the PREA Unit.
3. The facility where the incident occurred, maintains a copy of the form as determined by their facility/agency and uses it to assist with keeping the victim safe.