PREA Incident Report Form

If you would like to report an incident of sexual abuse or sexual harassment, involving yourself, another resident or a staff person, while in the custody of a correctional facility or program at Community Resources for Justice, please complete the following form.

If requested, your anonymity will be protected. All reported incidents will be investigated. You will be contacted but you may still remain anonymous.

First Name

Last Name

Address

City **State** **Zip Code**

Primary Phone: **Secondary Phone:**

E-mail Address:

Date of Incident:

When and where did the incident take place?

Describe the Incident (please be specific):

Describe the incident, continued:

(If you need additional space to write, please use another piece of paper)

Who was the victim? How can we contact the victim?

Who was the suspect? Where could we contact the suspect?

Please mail this completed form to: PREA Coordinator
Community Resources for Justice
500 Harrison Avenue, Suite 1-F
Boston, MA 02118

or

Fax this completed form to the attention of the PREA Coordinator at: (617) 423-2424

Thank you for your help in stopping sexual abuse and sexual harassment.