



- Brooke
- McGrath
- NBRC
- WMRC
- Coolidge
- Hampshire
- Horizon
- Houston
- Lighthouse

<h2 style="margin: 0;"><u>Third Party Reporting Form</u></h2> <p style="margin: 0;">To Report Sexual Abuse or Sexual Harassment on Behalf of an Offender</p>	Today's Date: _____ <u>Mail to:</u> CRJ PREA Coordinator c/o: FRE/CRJ75 Washington Avenue, Bridgeport, CT 06604 -or- <u>E-mail to:</u> PREA@crj.org
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Third party individuals should complete this form to report sexual abuse or sexual harassment on behalf of a resident.

CONTACT INFORMATION

Name of Third Party Reporter (Last, First): _____

Phone (optional): _____ **Best time to contact you:** **Morning** **Afternoon**

DESCRIPTION OF INCIDENT

Date of Incident (if known):	_____
Offender(s) involved:	_____
Staff member(s) involved:	_____
Type of Incident (if known):	<input type="checkbox"/> Sexual Abuse <input type="checkbox"/> Sexual Harassment <input type="checkbox"/> Unknown
Description of Incident: (Please provide any information that may be useful in our investigation.):	

If you have additional questions or concerns, please email the PREA Coordinator at PREA@crj.org