

Third Party Reporting Form

Person reporting: _____

Location: _____

Type of Complaint:

Circle: Sexual Abuse, Sexual Harassment [PREA Standard,115.354], Physical Abuse, Verbal Abuse, Staff Misconduct, Other (list below);

Staff/Persons Involved: _____

Grievance/Complaint Statement :

Action Desired or Requested:

If you suspect or have knowledge of sexual abuse or harassment of our youth, you may contact: Dr. Cedric Payton at 979-412-3891/589-1885 and be aware it is a mandated reporting for any incident of sexual abuse to a minor and should be reported to DFPS 800-252-5400 and the Brazos County Office of the Sheriff 979-361-4991[PREA Standard 115. 311].

Signature of Reporter: _____ Date _____

PREA Reporting Chain:

Date Incident was reviewed: _____ Outcome: _____

Administrator/Director: _____

PREA Compliance Manager: _____ Date Reviewed _____

Grievance form submitted to PREA Coordinator (Cedric Payton Ph.D.):

Name: _____ Date: _____

