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| **COMMUNITY CONFINEMENT**  **SEXUAL ABUSE AND SEXUAL HARASSMENT INCIDENT REPORTING FORM** | | | | | | | |
| **Instructions:**   * This form must be filled out by the Contractor for **every** allegation of sexual abuse and sexual harassment, as defined by the Prison Rape Elimination Act (PREA) standards, involving a Wisconsin Department of Corrections (DOC) offender/youth. * This completed form must be sent to [DOCPREAData@wisconsin.gov](mailto:DOCPREAData@wisconsin.gov) * Division of Community Corrections contractors must copy the contract administrator on the email. Division of Juvenile Corrections contractors must copy the contract administrator and regional Program and Policy Analyst (PPA) on the email. * This completed form must be submitted within 24 hours of every allegation of sexual abuse or sexual harassment. * Contractor employees, contractors, interns, volunteers and any others who may have contact with offenders/youth are referred to herein as “staff” or “staff member.” | | | | | | | |
| **CASE NUMBER (completed by PREA Office):** | Facility Name and Address | | | | | | Region | |
| Date of Incident | | Time of Incident | | | | | |
| Date and Time Initial Report of Incident Received | How and To Whom was the Initial Report of Incident Received (e.g. written, verbal communication) | | | | | | |
| Victim Last Name | Victim First Name | | | Victim DOC # | | Victim SID # | | | |
| Suspect Last Name | | | Suspect First Name | | | | | | |
| Suspect (check and complete the designation)  Offender/Youth: DOC #       SID #       Staff: Job Title        Volunteer  Intern  Other: | | | | | | | | | |
| Brief Description Of Incident | | | | | | | | | |
| If a staff member is the alleged suspect, were they immediately removed from all positions that have offender/youth contact within DOC funded operations until their return is authorized by DOC? | Yes  No; provide explanation: | | | Enter Date of Removal | Enter Time of Removal | | | | |
| If an offender/youth is the alleged suspect, was DOC immediately contacted to have the offender/ youth removed and placed into custody pending an investigation or other appropriate action? | Yes  No; provide explanation: | | | Enter Date of Removal | Enter Time of Removal | | | | |

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| Notifications | Child Protective Services  *(if the victim is a minor)*  Yes  No  NA | Date of Notification:  County:  Contact Name and Job Title:  Contact Phone: |
| Parent/Guardian, Caseworker or Attorney  *(if the victim is a minor)*  Yes  No  NA | Date of Notification:  Relationship to Victim:  Contact Name:  Contact Phone: |
| Law Enforcement  Yes  NA\*  \*Allegations that involve potentially criminal behavior shall be referred to law enforcement | Date of Notification:  Agency:  Contact Name and Job Title:  Contact Phone: |

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| Date Community Support Services Offered\*\*    \*\*Only for allegations involving sexual abuse | Community Support Services Accepted?  Yes  No | | | Community Support Service Agency | | | |
| Administrative Investigator Assigned by Contractor (Name) | | Job Title | | Email | | Phone | |
| List Immediate Actions Taken | | | | | | | |
| Contractor Representative Completing this Form (Name) | | Job Title | Email | | Phone | | Current Date |