

Office of Juvenile Justice Services Detention Center Third Party Reporting Form Sexual Abuse or Sexual Harassment

Please complete this form to report sexual abuse or sexual harassment on behalf of the victim. The more information you are able to provide, the better it will assist the investigation.

DETAILS OF INCIDENT	
Date of Incident:	
Time of Incident:	
Name of Victim:	
Name of Abuser:	
Describe the incident (what happened, where it occurred, who was involved, how it occurred,	
and/or any other information you feel may be useful to our investigation)	
CONTACT INFORMATION (Your identity will be kept confidential and the facts of this report itself shall be limited to only those who have a need to know)	
Date Report Filed:	in the facts of any report is experienced to only those this have a need to know,
Reporter's Name:	
Phone Number:	
E-mail Address:	
UPON COMPLETION OF FORM YOU CAN:	
E-ma	il to: Kelly Taylor, PREA Coordinator, at ktaylor@cppj.net
Ma	or iil to: Kelly Taylor, PREA Coordinator
	Office of Juvenile Justice Services
	P.O. Box 2073
	Lake Charles, LA 70602