Working on Womanhood Program

Girls Intensive Education and Treatment Facility

PREA Third Party Reporting Form

For Alleged Sexual Abuse, Sexual Assault and Sexual Harassment

Name of Youth: _____

Please Provide Details of the Alleged Incident

Date of alleged incident: _____

Time of alleged incident: _____

Who was involved: _____

_____

Description of alleged incident? _____

_____

_____

Location of the alleged incident? _____

Any other pertinent information: _____

_____

_____

Reporter's Name: _____ Telephone Number _____

Reporter's email address: _____

Please email form to Lisa Jordan, WOW Care Manager, at lghudson1@ua.edu or send via postal mail to: Box 870317, Tuscaloosa, Alabama 35487

Points to Remember:

1. Third party reports can also be submitted by calling the DYS PREA Hotline at 1-855-332-1594.
2. Third parties, including fellow youth, staff members, family members, attorneys, and outside advocates, are permitted to assist youth in filing requests for administrative remedies relating to allegations of sexual abuse, and may file such requests on behalf of youth.
3. If a third party, other than a parent or legal guardian, files such a request on behalf of a youth, WOW administration may request as a condition of processing the report that the alleged victim agree to have the request filed on her behalf. Additionally, it may be requested that the alleged victim personally pursue any subsequent steps in the administrative remedy process.
4. If the youth declines to have the request processed on her behalf, the WOW administration will document the youth's decision. However, should the youth decline, this decision does not close the investigation and the program administrative investigation protocol may proceed.
5. A parent or legal guardian of a youth shall be allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of youth. Such a grievance shall not be conditioned upon the youth agreeing to have the request filed on her behalf.
6. All suspected and substantiated criminal behavior will be referred to the appropriate law enforcement agency and DHR.

Program Use Only

The youth ☐ declines / ☐ accepts to have this request processed on her behalf.

_____ _____

Youth Signature Date

_____ _____

Witness Signature Date

As Adapted from DYS PREA Form 115.354