



Third Party Reporting Form

Sexual Abuse or Sexual Harassment on Behalf of an Offender

Today's Date:

Mail to:
 PO Box 26963
 6900 Atmore Drive
 Richmond, VA 23261

Please complete this form to report sexual abuse or sexual harassment on behalf of an offender.

The VADOC will ensure that all staff, contractors, volunteers, offenders and probationers are free from retaliation for reporting occurrences of sexual abuse or sexual harassment.

CONTACT INFORMATION

Name (Last, First):		Phone (optional):	
Best time to contact you:	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening		

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

Facility of offender: (CC- Correctional Center, CU – Correctional Unit, SP – State Prison, TC- Treatment Center, WC- Work Center)

<input type="checkbox"/> Appalachian DC	<input type="checkbox"/> Central VA CU	<input type="checkbox"/> Deerfield Men's WC	<input type="checkbox"/> Halifax CU	<input type="checkbox"/> Lawrenceville CC	<input type="checkbox"/> Powhatan CC	<input type="checkbox"/> Stafford DC
<input type="checkbox"/> Augusta CC	<input type="checkbox"/> Chesterfield DC	<input type="checkbox"/> Deerfield Women's WC	<input type="checkbox"/> Harrisonburg DC	<input type="checkbox"/> Lunenburg CC	<input type="checkbox"/> Powhatan Reception	<input type="checkbox"/> Sussex I SP
<input type="checkbox"/> Baskerville CC	<input type="checkbox"/> Coffeewood CC	<input type="checkbox"/> Dillwyn CC	<input type="checkbox"/> Haynesville CC	<input type="checkbox"/> Marion CTC	<input type="checkbox"/> Red Onion SP	<input type="checkbox"/> Sussex II SP
<input type="checkbox"/> Bland CC	<input type="checkbox"/> Cold Springs CU	<input type="checkbox"/> Fluvanna CC	<input type="checkbox"/> Haynesville CU	<input type="checkbox"/> Nottoway CC	<input type="checkbox"/> River North CC	<input type="checkbox"/> VCCW
<input type="checkbox"/> Brunswick CC	<input type="checkbox"/> Cold Springs WC	<input type="checkbox"/> Green Rock CC	<input type="checkbox"/> Indian Creek CC	<input type="checkbox"/> Nottoway WC	<input type="checkbox"/> Rustburg CU	<input type="checkbox"/> Wallens Ridge SP
<input type="checkbox"/> Buckingham CC	<input type="checkbox"/> Deep Meadow CC	<input type="checkbox"/> Greensville CC	<input type="checkbox"/> James River WC	<input type="checkbox"/> Patrick Henry CU	<input type="checkbox"/> Southampton DC	<input type="checkbox"/> White Post DC
<input type="checkbox"/> Caroline CC	<input type="checkbox"/> Deerfield CC	<input type="checkbox"/> Greensville WC	<input type="checkbox"/> Keen Mtn. CC	<input type="checkbox"/> Pocahontas CC	<input type="checkbox"/> St. Brides CC	<input type="checkbox"/> Wise CU
<input type="checkbox"/> Community Supervision (Probation & Parole) Specify district _____			<input type="checkbox"/> Other facility Please specify _____		<input type="checkbox"/> Location unknown	

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Description of incident: (Please provide any information that may be useful in our investigation)

If you have additional questions or concerns please call 804-887-8085