



# Pitkin County Sheriff's Office

## Pitkin County Jail Prison Rape Elimination Act (PREA) Citizen Incident Report

Nature of the alleged incident (check one):  <div style="border: 1px solid gray; padding: 5px; background-color: #f0f0f0;">           Today's Date: _____ Time: _____             Date of Incident: _____ Time: _____         </div>	<input type="checkbox"/> Sexual harassment by another inmate <input type="checkbox"/> Sexual abuse by another inmate <input type="checkbox"/> Sexual assault by another inmate <input type="checkbox"/> Sexual harassment by an employee or volunteer <input type="checkbox"/> Sexual abuse by an employee or volunteer (including inappropriate touching or sexual assault)
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### VICTIM INFORMATION

Victim Name:	Phone:
Address:	

### MEDICAL CARE RECEIVED (IF KNOWN)

Did the victim seek out medical care as a result?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If victim received medical attention:	Where?:			
From Whom?:	When?:			

### SUSPECT INFORMATION (IF KNOWN)

Suspect (1) name:
Suspect (2) name:

### ADDITIONAL INFORMATION

Description of the suspect:
Where did the incident occur?:
Was anyone notified about the incident?:
Additional:

### DESCRIPTION OF INCIDENT

Please describe the incident and any other relevant information that may not have been reported above:

If additional space is needed, attach additional pages to this report.

### OPTIONAL CONTACT INFORMATION

Person Completing From:	Relationship to Victim:
Address:	Phone:

### TO BE COMPLETED BY LAW ENFORCEMENT

PREA Coordinator Initials:	Date: