**Upper East Tennessee Regional Juvenile Detention Center**

***Third Party Reporting for Alleged Sexual Abuse, Sexual Assault and Sexual Harassment***

***Please provide youth’s information:***

|  |  |
| --- | --- |
| Youth Name:  |  |

***Please provide details of the alleged incident:***

|  |  |
| --- | --- |
| Date of alleged incident: | Time of alleged incident: |
| Who was involved: |
| What happened: |
| Where did it occur: |
| How did it occur: |
| Any other pertinent information: |

***Please provide your information:***

|  |  |  |
| --- | --- | --- |
| Reporter’s Name: |  Number: |  Address: |

Note: The allegation will be discussed with the victim named in this report. A statement explaining the allegation will be disclosed only to those who need to know to ensure victim safety and to investigate the allegation. The facility will inform the individual who reported the abuse to the outcome of the investigation.

***Upon completion of form:***

Please email form to Breck Bishop, PREA Coordinator, at: brbregionaljuvdet@gmail.com

Send via mail to:

Breck Bishop, PREA Coordinator

Upper East Tennessee Regional Juvenile Detention Center

307 Wesley Street

Johnson City, TN 37601

 Form 115.354