

PROGRAM THIRD PARTY REPORTING FOR ALLEGED SEXUAL ABUSE/ ASSAULT/ HARASSMENT

NAME OF JUVENILE VICTIM	NAME OF FACILITY	DATE OF REPORT

Details of Alleged Incident:

DATE OF INCIDENT	TIME OF INCIDENT

Who was involved?

What occurred?

Where did it occur?

How did it occur?

Any other pertinent information.

REPORTER'S NAME	REPORTER'S EMAIL	REPORTER'S PHONE NUMBER

Please email form to LaSai Love, PREA Coordinator at llove@cysyouth.com or send via mail to 300 N. Main Street, Suite 303, Jonesboro, GA 30236