Title: 115.387 d Agency Sexual Assault Form A

CONFIDENTIAL
Sexual Assault
FORM A

NAME OF PERSON TAKING THE REPORT		**SUPERVISOR**	
Date:		**Time:**	

Sexual Assault – Retrieve Form B
VICTIM NAME _____ **ID #** _____

Isolate victim & ask the following questions

Who assaulted you? _____

When did the assault occur? _____

Where did the assault occur? _____

Was the assault: Circle all which apply, if other, document & secure the evidence

ANAL ORAL VAGINAL OTHER:

If ORAL: Have you brushed your teeth since the assault? YES NO

If YES: **Where is the toothbrush?** _____

Secure the toothbrush(es)

SEXUAL ASSAULTS REPORTED TO HAVE OCCURRED **AFTER 72 HOURS, DO NOT ASK THE FOLLOWING "2" QUESTIONS**

1. **Did you shower after the assault? YES NO**
   a) If "Yes", When _____
2. **Have you changed your clothes since the assault? YES NO**
   a) If "Yes", Where are the clothes? _____

Facility Coordinated Response to Incidents of Sexual Abuse will be initiated.

Allegations of sexual abuse may be received from a victim or a third party and may be made anonymously, verbally, or in writing.
All allegations will be investigated fully, in compliance with
Local Law Enforcement Criminal or Facility Administrative Investigation Policy.
Allegations of rape or penetrative abuse will be referred to medical immediately.

Mandatory Contact Checklist

		Name of person contacted	Time/Date
1	**PREA Compliance Coordinator**		
2	**Director/Chief**		
3	**On Call (if applicable)**		
4	**Local Law Enforcement Investigator**		
5	**Mental Health**		

Allegations/Incidents of sexual abuse must be forwarded to local Law Enforcement Investigations immediately.