



PREA ACKNOWLEDGMENT

For persons who may have direct contact with supervised individuals and have not been provided Department Prison Rape Elimination Act (PREA) training, whether in Prison, Work Release, or the community.

The Department has zero tolerance for all forms of sexual misconduct. The Department will impose disciplinary sanctions for such conduct, up to and including dismissal of the employee(s). Incidents of sexual misconduct will be referred for criminal prosecution when appropriate.

I understand my reporting requirements as identified below:

- I must immediately report any knowledge, suspicion, or information received, including anonymous and third-party reports, regarding an allegation or incident of sexual misconduct occurring in any incarceration setting even if it is not a Department facility. This also includes related retaliation and knowledge of staff actions or neglect that may have contributed to an incident.
- Information obtained about an allegation or incident of sexual misconduct, related retaliation, or staff action or neglect that may have contributed to an incident will be confidentially delivered **directly and immediately** to the:
 - In Prisons, Shift Commander
 - In Work Release, Work Release Administrator or Duty Officer
 - For all others, Appointing Authority or Duty Officer
- I will maintain confidentiality and follow the directions of the Appointing Authority/designee (e.g., question individuals, identify potential witnesses, secure statements), unless the incident is an emergency.

Unless I am a contractor who will have limited unescorted contact with supervised individuals, I have been provided with a copy of the following policies:

- DOC 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting
- DOC 490.850 Prison Rape Elimination Act (PREA) Response
- DOC 490.860 Prison Rape Elimination Act (PREA) Investigation
- DOC 850.030 Relationships/Contacts with Offenders

I have been provided a copy of the PREA informational brochure.

I acknowledge I can contact the PREA Coordinator at DOCPREA@doc.wa.gov or access the PREA website at <http://www.doc.wa.gov/corrections/prea/default.htm> if I have questions.

Name	Signature	Date
Title/position	Date of birth if contract staff/volunteer	
Witness	Signature	Date

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 00-03, RCW 42.56, and RCW 40.14.