 **REPORT OF PRISON RAPE ELIMINATION ACT (PREA)**

**ALLEGATION TO AN OUTSIDE AGENCY**

Submit to: PREA Reporting Office

1250 Academy Park Loop

Colorado Springs, CO 80910

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| **THIS INFORMATION MAY BE SUBMITTED ANONYMOUSLY** |

Specific information regarding location is needed so prompt action may be taken.

Name (optional) DOC number (optional) Date of incident

Facility Location of incident

|  |  |
| --- | --- |
| **THIS ALLEGATION INVOLVES** | |
| Staff member(s) | Another incarcerated individual(s) |
|  |  |

|  |
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| **Description of allegation/incident** |
|  |

**Please provide details (e.g., location, people involved, witnesses) to assist in the response and investigation process.**

Signature (optional) Date submitted

**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 16-01, RCW 42.56, and RCW 40.14.**

Distribution: **ORIGINAL** - Department PREA Triage



**INFORME DE UNA ALEGACION A UNA AGENCIA EXTERNA**

**LEY PARA LA ELIMINACION DE VIOLACIONES EN PRISON (PREA)**

Envíe a: PREA Reporting Office

1250 Academy Park Loop

Colorado Springs, CO 80910

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| **SE PUEDE ENVIAR ESTA INFORMACION ANONIMAMENTE** |

Se necesita información específica con respecto al lugar de los hechos para que se pueda tomar acción rápidamente.

Nombre (opcional) Número DOC (opcional) Fecha del incidente

Instalación Lugar del incidente

|  |  |
| --- | --- |
| **ESTA ALEGACION INVOLUCRA** | |
| Personal/Empleado(s) | Otro(s) individuo(s) encarcelado(s) |
|  |  |

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| --- |
| **Descripción de la alegación/Incidente** |
|  |

**Por favor, dé detalles (p. ej. lugar, personas involucradas, testigos) para ayudar a la respuesta y al proceso de la investigación.**

Firma (opcional) Fecha entregada

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