

Resident Incident Report Form

If you would like to report an incident of sexual abuse or sexual harassment, involving yourself, another resident or a staff person, while at the PHAROS HOUSE, please complete the following form.

If requested, your anonymity will be protected. All reported incidents will be investigated. You will be contacted but you may still remain anonymous.

First Name _____ **Last Name** _____

Address _____ **City** _____ **State** _____ **Zip Code** _____

Primary Phone: _____ **Secondary Phone:** _____

E-mail Address: _____

Date of Incident: _____

When and where did the incident take place? _____ - _____

Describe the Incident (please be specific): _____

(If you need additional space to write, please use another piece of paper)

Who was the victim? How can we contact the victim? _____

Who was the suspect? Where could we contact the suspect? _____

Please mail this completed form to:

**PREA Coordinator
Pharos House
5 Grant Street
Portland, Maine 04101**

OR

E-mail this completed form to the attention of the PREA Coordinator at report@pharoshouse.org.

Thank you for your help in stopping sexual abuse and sexual harassment.