

Third Party Reporting Form

Date _____

To Report Sexual Abuse or Sexual Harassment on Behalf of an Offender

Third party individuals should complete this form to report Sexual Abuse or Sexual Harassment on behalf of a resident.

CONTACT INFORMATION

Name of Third Party Reporter: (Last, First) _____

Phone: (optional) _____ Best time to contact you: Morning Afternoon

DESCRIPTION OF INCIDENT

Date of Incident (if known) Sexual Abuse Sexual Harassment Unknown

Offender(s) Involved _____

Staff members(s) Involved _____

Type of Incident (if known) _____

Description of Incident: (Please provide any information that may be useful in our investigation.)

Please mail completed form to:

PREA COORDINATOR
PHAROS HOUSE
5 GRANT STREET
PORTLAND, MAINE 04101

Or e-mail report to: report@pharoshouse.org