## *Please provide youth's information:*

| Student's Name: | Program/Site Name: | Today's Date: |
|-----------------|--------------------|---------------|
|                 |                    |               |

## Please provide details of the alleged incident:

| Date of alleged incident:        | Time of alleged incident: |
|----------------------------------|---------------------------|
| Who was involved:                |                           |
| What happened:                   |                           |
| Where did it occur:              |                           |
| How did it occur:                |                           |
| Any other pertinent information: |                           |
|                                  |                           |

## Please provide your information so that we may reach you if needed:

| Name: | Telephone Number: | Email Address: |
|-------|-------------------|----------------|
|       |                   |                |

Upon completion, return this form to the control desk/receptionist. You may also mail the form to: Rite of Passage, 2560 Business Parkway, Minden, NV 89423 Attn: PREA Coordinator 3<sup>rd</sup> Party Reporting

## Rite of Passage has a Zero Tolerance Policy for all forms of sexual abuse and sexual harassment