



Atlantic Youth Center (AYC) Third Party PREA Complaint Form

Report of Sexual Abuse or Sexual Harassment of a Juvenile

1. A report of sexual abuse or harassment against a juvenile who is 18 years of age or older may be made directly to the AYC by any third-party, provided that the juvenile has consented to the making of the report. The AYC will not process any such report by a third-party unless the consent requirement has been satisfied.
2. In addition, with respect to a juvenile who is under the age of 18, his or her parent or guardian may report an incident of sexual abuse or sexual harassment on the juvenile's behalf without the juvenile's consent.
3. Reports should be mailed or faxed to the attention of **Richard Jackson, Superintendent** at:

Atlantic Youth Center
800 Buffalo Avenue
Egg Harbor, NJ 08215-2802
Fax: (609) 965-7962
4. Additional methods for filing a report of sexual abuse or sexual harassment are set forth in the Atlantic Youth Center's Prison Rape Elimination Act (PREA) policy, which is posted on the Atlantic County website at: <http://www.aclink.org/publicsafety/mainpages/harborfields.asp>

_____ Name of Juvenile _____ Date of Birth _____ Facility to which the Juvenile is assigned

A. Personal Information

1. Name of Reporting Person: _____ Home/Work Telephone Number: _____
 Mailing Address: _____ City: _____ State: _____ Zip Code: _____
 E-Mail Address: _____ Cellular Telephone Number: _____

2. Relationship to Juvenile: Parent Guardian Other

If "Other", please check as appropriate: Clergy Victim Advocate; Name of Organization: _____

Legal Representative; Name of Law Firm, legal clinic or other organization: _____

Other Third-Party; Please Describe: _____

Check "Yes" to confirm that the Juvenile has given his/her consent to the filing of this report: Yes

Describe how consent was secured from the Juvenile. Attach any documentary evidence of consent:

B. Report of Incident - Provide details including, but not limited to the following (attach additional pages if necessary):

3. Date, time, and place of incident? _____

4. Description of the incident and any items of evidence (e.g., items used as a weapon, clothing, bedding):

5. Names and contact information of potential witnesses:

6. To your knowledge, did the juvenile previously report this incident? If "Yes", please explain:

Signature of Reporting Person: _____ Date: _____

Received by (For Atlantic Youth Center Use): _____ Date: _____