Third Party Reporting Form
Sexual Abuse or Sexual Harassment on Behalf of an Offender

Please complete this form to report sexual abuse or sexual harassment on behalf of an offender. The VADOC will ensure that all staff, contractors, volunteers, offenders and probationers are free from retaliation for reporting occurrences of sexual abuse or sexual harassment.

CONTACT INFORMATION

Name (Last, First):  
Phone (optional):  

Best time to contact you:  
☐ Morning  ☐ Afternoon  ☐ Evening

DESCRIPTION OF INCIDENT

Date of incident (if known):  

Offender(s) involved:  

Staff member(s) involved:  

Type of incident (if known):  
☐ Sexual Abuse  ☐ Sexual Harassment  ☐ Unknown

Facility of offender: (CC- Correctional Center, CU – Correctional Unit, SP – State Prison, TC- Treatment Center, WC- Work Center)

☐ Appalachian DC  ☐ Central VA CU  ☐ Deerfield Men’s WC  ☐ Halifax CU  ☐ Lawrenceville CC  ☐ Powhatan CC  ☐ Stafford DC  
☐ Augusta CC  ☐ Chesterfield DC  ☐ Deerfield Women’s WC  ☐ Harrisonburg DC  ☐ Lunenburg CC  ☐ Powhatan Reception  ☐ Sussex I SP  
☐ Baskerville CC  ☐ Coffeewood CC  ☐ Dillwyn CC  ☐ Haynesville CC  ☐ Marion CTC  ☐ Red Onion SP  ☐ Sussex II SP  
☐ Bland CC  ☐ Cold Springs CU  ☐ Fluvanna CC  ☐ Haynesville CU  ☐ Nottoway CC  ☐ River North CC  ☐ VCCW  
☐ Buckingham CC  ☐ Cold Springs WC  ☐ Green Rock CC  ☐ Indian Creek CC  ☐ Nottoway WC  ☐ Rustburg CU  ☐ Wallens Ridge SP  
☐ Caroline CC  ☐ Deerfield CC  ☐ Greensville CC  ☐ James River WC  ☐ Patrick Henry CU  ☐ Southampton DC  ☐ White Post DC  
☐ Community Supervision (Probation & Parole)  ☐ Other facility  ☐ Location unknown

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

If you have additional questions or concerns please call 804-887-8085