



Third Party Reporting Form

Sexual Abuse or Sexual Harassment on Behalf of an Offender

Today's Date:

Mail to:
PO Box 26963
6900 Atmore Drive
Richmond, VA 23261

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
☐ Brunswick CC	☐ Cold Springs WC	☐ Green Rock CC	☐ Indian Creek CC	☐ Nottoway WC	☐ Rustburg CU	☐ Wallens Ridge SP
☐ Buckingham CC	☐ Deep Meadow CC	☐ Greenville CC	☐ James River WC	☐ Patrick Henry CU	☐ Southampton DC	☐ White Post DC
☐ Caroline CC	☐ Deerfield CC	☐ Greenville WC	☐ Keen Mtn. CC	☐ Pocahontas CC	☐ St. Brides CC	☐ Wise CU
☐ Community Supervision (Probation & Parole) Specify district _____			☐ Other facility Please specify _____		☐ Location unknown	

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

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