Juvenile and Domestic Relations District Court, Fairfax, VA PREA 3rd Party Reporting Form



Third Party Reporting Form

Sexual Abuse or Sexual Harassment on Behalf of a Resident

Too	day's Date:
Ma	il to:
PRI	EA Coordinator
411	10 Chain Bridge Road, Suite 201
Fai	rfax, VA 22030
Or	email to:
<u>JD</u> F	RDC-PREA@fairfaxcounty.gov

Please complete this form to report sexual abuse or sexual harassment on behalf of a resident.

Fairfax JDRDC will ensure that all residents, staff, contractors, and volunteers are free from retaliation for reporting sexual abuse or sexual harassment.

CONTACT INFORMATION							
Name (Last, First):				Phone (optional):			
Best time to contact you:		Morning	Afternoon	Evening			
DESCRIPTION OF INCIDENT: Please provide any information you presently know that may be useful in our investigation. Please do not seek out any involved parties to obtain additional or clarifying information.							
Date of incident (if k	(nown):						
Resident(s) involved	l:						
Staff member(s) inv	olved:						
Type of incident (if known):		Sexual Abuse	Sexual Hara	assment	Unknown		
Description:	ļ						
If you have additional guestions or concerns, please call the PREA Coordinator at (703) 246-3433.							

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