

PRISON RAPE ELIMINATION ACT (PREA) INCIDENT REPORT

DCF-8108

11/2015 (New)

42 U.S.C. § 15601 et seq.

Instructions

Use this form to report an incident or incidents of sexual abuse or sexual harassment against an individual in the custody of the DCF, allegedly by either a DCF employee, contractor, volunteer, intern or an individual in the custody of the DCF.

STATE OF CONNECTICUT



This form is not required in order to report a PREA incident. See the instructions on the back of this page for where to submit this form or to whom you may make a verbal report of a PREA incident.

Person against whom incident is being reported	Person reporting incident	Incident date	Time (am/pm)
Location of incident		Date	Time (am/pm)

Type of Violation

☐ Sexual abuse against an individual in the custody of DCF by:

- ☐ Employee ☐ Contractor
☐ Volunteer ☐ Intern
☐ Individual in custody of DCF
☐ Other _____

☐ Sexual harassment against an individual in the custody of DCF by:

- ☐ Employee ☐ Contractor
☐ Volunteer ☐ Intern
☐ Individual in custody of DCF
☐ Other _____

Persons Involved

Name (Last, First, Middle initial)	<input type="checkbox"/> Employee <input type="checkbox"/> Individual in custody of DCF <input type="checkbox"/> Other
Address	Phone
Name (Last, First, Middle initial)	<input type="checkbox"/> Employee <input type="checkbox"/> Individual in custody of DCF <input type="checkbox"/> Other
Address	Phone
Name (Last, First, Middle initial)	<input type="checkbox"/> Employee <input type="checkbox"/> Individual in custody of DCF <input type="checkbox"/> Other
Address	Phone

Witnesses

Name (Last, First, Middle initial)	<input type="checkbox"/> Employee <input type="checkbox"/> Individual in custody of DCF <input type="checkbox"/> Other
Address	Phone
Name (Last, First, Middle initial)	<input type="checkbox"/> Employee <input type="checkbox"/> Individual in custody of DCF <input type="checkbox"/> Other
Address	Phone
Name (Last, First, Middle initial)	<input type="checkbox"/> Employee <input type="checkbox"/> Individual in custody of DCF <input type="checkbox"/> Other
Address	Phone
Individual in custody of DCF	Phone

(Continued on page 2)

(Describe as accurately and completely as possible the events that occurred and indicate the persons involved. If injury occurred, describe the nature of the injury, its cause, and actions taken to treat the injury.)

Supervisor/DRC/Superintendent	Title	Time <i>(am/pm)</i>	Date	By <i>(Name)</i>
Careline <i>(Name)</i>	Title	Time <i>(am/pm)</i>	Date	By <i>(Name)</i>
Human Resources	Title	Time <i>(am/pm)</i>	Date	By <i>(Name)</i>
Equal Employment Opportunity Manager	Title	Time <i>(am/pm)</i>	Date	By <i>(Name)</i>
State or Local Police <i>(Name)</i>	Title	Time <i>(am/pm)</i>	Date	By <i>(Name)</i>

Injury/suspected injury					
<input type="checkbox"/> To Individual in Custody	<input type="checkbox"/> To Employee	<input type="checkbox"/> To Visitor	<input type="checkbox"/> Refused Treatment	<input type="checkbox"/> Refused Evaluation	
Injury severity assessment					
<input type="checkbox"/> Slight	<input type="checkbox"/> Minor	<input type="checkbox"/> Major	<input type="checkbox"/> Undetermined		
Referred to Physician for evaluation	Time (am/pm)	Date	By (Initials)	Physician name	
<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Completed by				Date	Time (am/pm)
I acknowledge that the above information is accurate and complete to the best of my knowledge and belief.					
Signature				Date	Time (am/pm)

Party receiving complaint, if not a witness (include title)

Statement of Witness

Facility
 Location of incident
 Incident date
 Time (am/pm)

Statement of (Name)
 Title

Description of Conduct

(Describe as accurately and as completely as possible the events that occurred and ndicate the persons involved. If injury occurred, describe the nature of the injury, its cause, and actions taken to treat the injury.)

I acknowledge that this statement is accurate and complete to the best of my knowledge and belief.

Signature
 Date
 Time (am/pm)

Instructions:

This process is established to meet the requirements of the Prison Rape Elimination Act (PREA), 45 U.S.C. 15601 *et seq.* The Department of Children and Families has zero tolerance for all forms of sexual abuse and sexual harassment in its confinement facilities. Any DCF employee may use this form along with the DCF-136 to report an incident or incidents of sexual abuse or sexual harassment against an individual in the custody of DCF, allegedly by a DCF employee, contractor, volunteer, intern or an individual in the custody of the DCF.

A report may be made at any time to Careline (1-800-842-2288) or any of the following individuals:

- The highest level supervisor assigned to the DCF confinement facility in which the alleged incident occurred
- The DCF PREA Coordinator
- The PREA Compliance Manager
- A personnel officer, manager or director in the DCF Human Resource Management Division
- A supervisor, manager or administrator

In the event that an employee is advised of a PREA report by someone other than a DCF staff, the employee receiving the information may use this form as a guide for obtaining all relevant information from the individual making the report.

The staff reporting the information will complete a PREA Incident Report and attach it to the DCF-136, "Report of Suspected Abuse or Neglect of a Child," and submit it to Careline at 505 Hudson Street, Hartford, CT 06106 before leaving shift. The forms must include the following information: date and time of the incident, name of juvenile(s), nature and extent of the abuse, person(s) involved in the abuse, and as much detail as possible describing the incident.

Upon receipt of a report, Careline shall begin to initiate an investigation in accordance with the Department of Children and Families' PREA Policy 81-3-5 and with the PREA Practice Guide.

A copy of any completed form in response to an alleged violation must be sent to the DCF Principal Human Resources Specialist for CJTS and the PREA Coordinator at 1225 Silver Street, Middletown, CT 06457.